

EXHIBIT B

PART 2

Question: Did the effects of the fall and spiritual experience – the force clear up for the plaintiff at Sacred Heart Major Seminary?

Answer: No

The plaintiff was assigned his own room for studying and sleeping at Sacred Heart Major Seminary. When plaintiff tried to fall asleep something would keep waking him up - it felt like somebody would shake the bed at night just as plaintiff was about to fall asleep causing plaintiff to wake up.

Plaintiff does not have a history of sleeping problems; therefore, plaintiff told his formation contact Fr. Berg that he was having problems sleeping. The plaintiff described the situation to Fr. Berg. Fr. Berg asked plaintiff if he locked his door at night; plaintiff said No; Fr. Berg suggested to plaintiff he lock his room door at night; plaintiff followed the advice from Fr. Berg.

Something continued waking the plaintiff up at night and it started to effect his studies, his ability to concentrate, and his energy level. The plaintiff told Fr. Berg that he was still having problems sleeping. Fr. Berg asked plaintiff what size bed he had at home; plaintiff told Fr. Berg he had a queen size bed at home; the bed at Sacred Heart Major Seminary was either twin size or full size; Fr. Berg suggested to plaintiff that he disassemble the bed in his room and sleep on the mattress on the floor; plaintiff followed the advise from Fr. Berg. This issue was never resolved at Sacred Heart Major Seminary and the lack of sleep continued to effect plaintiff studies, his ability to concentrate, and his energy level.

In CY2003 when plaintiff was imprisoned against his will by the Archdiocese of Detroit in a mental ward for about ten days at North Oakland Medical Center, one of the forms of harassment employed by the hospital against plaintiff was to wake him up at night every 15 to 30 minutes.

Spiritual experience – You are a priest forever

The lack of sleep effected plaintiff studies, his ability to concentrate, and his energy level. The plaintiff started to think he made a mistake by entering Sacred Heart Major Seminary. One day while the plaintiff was alone in the main chapel at Sacred Heart Major Seminary, he wanted to input as to what he should do. The plaintiff had a Bible with him and he was going to randomly open his Bible to seek advice as to what he should do (see **Spiritual experience – Read me**). When the plaintiff blindly opened his Bible and looked to see the passage his finger pointed to - you are a priest forever in the line of Melkesidek.

The plaintiff's situation declined further when his spiritual director Fr. Dan Trapp falsely accused the plaintiff of plagiarism when the plaintiff shared a spiritual insight with Fr. Dan Trapp. The relationship between the plaintiff and Fr. Dan Trapp deteriorated quickly and Fr. Dan Trapp suggested plaintiff needs more mental help (in other words if plaintiff does not get in line Sacred Heart Major Seminary will force plaintiff to see Dr. Sartori or another shrink).

Harassment by General Motors

When plaintiff was at Sacred Heart Major Seminary, plaintiff received an unsolicited voice mail message from Allen Boogaard that Craig Hetzel is dying; therefore, the plaintiff visited Craig Hetzel at 22667 Revere Street Saint Clair Shores, Michigan 48080, and prayed for Craig Hetzel's healing with Craig's wife, and Craig's son. Years later plaintiff realized that Craig Hetzel and Allen Boogaard were the type of people General Motors would use to make the plaintiff look foolish in public by faking a spiritual healing. Remember the plaintiff took the risk of being disciplined by Sacred Heart Major Seminary for leaving seminary property without permission.

The plaintiff received a second unsolicited voice mail message from Allen Boogaard that - Paul (Durrenberg) needs your help. Allen Boogaard who pretended to be plaintiff friend needed help in understanding how to air balance the Supply Fan and Exhaust Fan in a Dynamometer Test Cell. The reader should remember how much General Motors discriminated against plaintiff from CY1983 to CY1995 and now General Motors is clueless on how to air balance the Supply Fan and Exhaust Fan in a Dynamometer Test Cell.

The lack of sleep continued to effect the plaintiff studies, his ability to concentrate, and his energy level. The plaintiff began to investigate the possibility going back to General Motors approximately between Thanksgiving and Christmas 1995. General Motors was interested in getting plaintiff back so Bill Wit-ley gave his home phone number to plaintiff to talk over the General Motors offer.

- General Motors offered plaintiff a 7th level engineering position; (the reader should note that plaintiff earned himself a 9th level managerial position)
- General Motors offered plaintiff his old pay level of approximately \$63,000 per year; (\$63,000 is at least 70% below the pay level plaintiff earned but General Motors withheld by discriminating against plaintiff)
- General Motors added one condition; the plaintiff had to commit perjury by illegally back dating a document falsely stating he took a leave of absence
- when plaintiff told General Motors he would not illegally back date the document General Motors specifically asked plaintiff to sign, General Motors hung up the phone

Spiritual experience – Stanley can hear me

The plaintiff continued to have spiritual experiences. One day the Sacred Heart Major Seminary community was gathered together for prayer in the main chapel. A middle aged priest comes over to the plaintiff and started questioning the plaintiff. The questioning continued for an extended period of time when a spiritual voice asked plaintiff to pick someone - plaintiff motions his hand to the right toward a priest.

The spiritual voice says to the selected priest - **Stanley can hear me.**

The reader needs to try to imagine the conversation.

- The plaintiff can talk to the spiritual voice
- The plaintiff can hear the spiritual voice

- Only the priest selected by plaintiff can hear the responses of the spiritual voice
- The community of Sacred Heart Major Seminary can hear plaintiff speak; they can hear the priest speak; but they can not hear the spiritual voice
- Plaintiff and the spiritual voice control the conversation; the priest does not control the conversation

Question: Are you saying that Sacred Heart Major Seminary of the Archdiocese of Detroit is a witness to plaintiff hearing spiritual voices?

Answer: Yes

Question: Can the plaintiff share one theological insight gained from the conversation between plaintiff and the spiritual voice?

Answer: In the beginning of this essay the plaintiff explained what it was like growing up Roman Catholic in the 1960's – 1980's. If you wanted to live a holy life and obtain a high place in heaven you became a priest and / or religious. If you wanted to live a normal marital life and hope one day to squeak into heaven (if you were lucky) you lived the life of a laity.

The spiritual voice indicted that the percentage of laity in heaven was higher than the percentage of priests in heaven.

Spiritual experience – Why didn't you choose me

Near the end of the school year, Sacred Heart Major Seminar asked plaintiff if he wanted to go on to the School of Theology. The implication being that if the

plaintiff wrote a letter requesting that he be permitted to go on to the School of Theology, and if Sacred Heart Major Seminary approved, the plaintiff would have been in the School of Theology starting in the Fall 1996.

Since plaintiff did not have his own personal computer at Sacred Heart Major Seminary he went to the computer room to write his response. The plaintiff wrote his response with the exception of his final decision. The plaintiff was undecided whether to say - Yes and continue in priestly formation, or to say - No and leave Sacred Heart Major Seminar. The plaintiff finally decided to take the safe path and leave Sacred Heart Major Seminary and wrote No. After the plaintiff wrote No, a voice spoke to him and said - *Why didn't you choose me?*

Question: After the plaintiff left Sacred Heart Major Seminary how did his relationship with the Archdiocese of Detroit change?

Answer: Harassment

In approximately June 1996, plaintiff allowed a young man named William Schul-tz to live with the plaintiff for approximately one year at 27653 Lexington Pkwy Southfield, Michigan 48076. The plaintiff first met William's mom through a Bible study class at St. Stephen – Mary, Mother of the Church in Southwest Detroit of the Archdiocese of Detroit. Plaintiff became more acquainted with William Schul-tz when plaintiff met William Schul-tz at Sacred Heart Major Seminary **during a try it on weekend** sponsored by the Archdiocese of Detroit; whereby, men could get a taste of seminary life without making a commitment.

It is important to note that the plaintiff had just left Sacred Heart Major Seminary under his own free will; nevertheless, Sacred Heart Major Seminar was still interested in having plaintiff back in priestly formation when William Schul-tz just by chance asked plaintiff if he could live with plaintiff.

It is important for the reader to know a few details:

- Shortly after moving in with the plaintiff, William Schul-tz started attending Assumption Grotto parish in the Archdiocese of Detroit.
- Shortly after William Schul-tz started attending Assumption Grotto parish he started arguments with plaintiff that the Blessed Virgin Mary is co-redemtrix.
- Shortly after William Schul-tz started attending Assumption Grotto parish he started arguments with plaintiff that the Blessed Virgin Mary is the mediator of all graces.
- Shortly after William Schul-tz moved in with the plaintiff, the plaintiff started to notice oil like substance running down his walls in the hallway.
- Shortly after William Schul-tz moved in with the plaintiff, the plaintiff's house was broken into for the first time.
- Later when plaintiff has **spiritual experience – gouging out eyes** the spiritual voice directed plaintiff to see Fr. Parone at Assumption Grotto parish
- Fr. Parone of Assumption Grotto parish is the priest of the Archdiocese of Detroit who took plaintiff to a mental hospital against his will and began the process of having plaintiff imprisoned in the mental hospital for over one week

- Assumption Grotto parish is the type of parish whereby if the Roman Catholic Church **declared the Blessed Virgin Mary divine** the parishioners of Assumption Grotto parish would dance in the streets

Question: Why would the Archdiocese of Detroit harass and discredit the plaintiff?

Answer: Plaintiff's spiritual experiences are challenging conventional Western Christian doctrine / theology. Some Western Christian doctrine / theology the plaintiff will be challenging in future writings include:

- Protestants view – once in faith always in faith
- Protestants view – denial of the existence of Purgatory
- Roman Catholic Church view – relationship between East and West
- Roman Catholic Church view on homosexual orientation
- Roman Catholic Church view on marriage and annulment
- Roman Catholic Church view of the Blessed Virgin Mary
- Roman Catholic Church view on priesthood
- may even challenge doctrine of infallibility

Question: What did the plaintiff do after his departure from Sacred Heart Major Seminary?

Answer: Several things in approximately the same timeframe.

Plaintiff began to look for work; started looking for a new spiritual director; started looking into re-entry into Sacred Heart Major Seminary or another religious order.

Since Sacred Heart Major Seminar was still interested in having plaintiff back in priestly formation for the Archdiocese of Detroit, Sacred Heart Major Seminary allowed plaintiff to enroll in a graduate course at Sacred Heart Major Seminary entitled Method & Pentateuch (course #SS-521) in the Fall of CY1996. It was during this course that the instructor implied that the Exodus of Israel from Egypt had to be myth because the birth rate of children per woman during Israel stay in Egypt had to be so high (10, 11, 12 children per woman) and this is a unreasonable high birth rate per woman. In the future the plaintiff would challenge the instructor by writing his second solo book – Israel Population Growth: from Genesis to Exodus.

The effects of the fall on the plaintiff's memory, the lack of sleep at Sacred Heart Major Seminary continued to effect the plaintiff's ability to concentrate, and his energy level. Nevertheless, the plaintiff needed to find a job to pay the bills. The plaintiff found two minor jobs; one at DSP Technology from CY1997 to CY1998, and then later at MSX International from CY1998 to CY2001.

In this same timeframe General Motor employees continued to harass plaintiff.

- Allen Boogaard, who pretended to be plaintiff friend, invited plaintiff out to eat. Allen Boogaard pick at a restaurant diagonally across from the General Motors Technical Center near 12 Mile Road and Mound Road. No service; no food; no nothing at the restaurant; (if the plaintiff's memory was a little clearer he could testify that there was even an EMS type vehicle in the

restaurant's parking lot); same harassment by General Motors. Plaintiff went home.

- Remember Roy Harvey who challenged plaintiff to hit him when plaintiff for General Motors. Mysteriously Roy Harvey shows up at a grocery store and purposefully blocks plaintiff path. Plaintiff tries to continue shopping but Roy Harvey purposefully blocks plaintiff path. Plaintiff moves and Roy Harvey moves to block plaintiff path; plaintiff moves and Roy Harvey moves to block plaintiff path. The next time plaintiff moves and when Roy Harvey blocks his path, plaintiff smashes into Roy Harvey with the shopping cart. Plaintiff moves and Roy Harvey moves to block plaintiff path. The next time plaintiff moves and when Roy Harvey blocks his path, plaintiff smashes into Roy Harvey with the shopping cart. Plaintiff moves and this time Roy Harvey does not block plaintiff path.

The plaintiff also took the initiative to start a Masters Degree at Walsh College; in Masters of Science in Information Management & Communications.

Question: How did the plaintiff complete a Masters Degree in his condition?

Answer: First, the reader must understand how much more difficult the mathematics associated with a BSEE is compared to the communications skill required for a MSIM&C. Second, the MSIM&C program stressed the use of electronic media for student interactions; therefore, the plaintiff could sit at home in front of his computer and slowly respond to the various E-mail communications. Third, many of the in-class assignments were individual or group presentations;

therefore, the plaintiff could slowly prepare his presentation at home and then deliver his presentation in class.

When the plaintiff worked for MSX International (CY1997 to February 2001) as a contractor for Daimler-Chrysler, the Project Management position was in reality a secretary position. Most people did not show much interest in the plaintiff's work, and the project eventually failed (for reasons not associated with the plaintiff's work). The plaintiff's conscious was sensitive during this period of time and the plaintiff was things like *retract thought* at work.

When plaintiff was nearing completion of his Masters Degree from Walsh College, General Motors tried to make an offer to plaintiff through Allen Boogaard. Allen Boogaard contacted plaintiff and implied that General Motors will give plaintiff an 8th level. The remember plaintiff earned a 9th level position. 9th level plus Masters Degree equals 10th level. 8th level is two levels below 10th level.

When plaintiff position with MSX International was eliminated in February 2001, the plaintiff's memory and his inability to concentrate still effected the plaintiff life. Nevertheless, the plaintiff knew he needed to resolve these issues in order to find a job to pay his bills. Therefore, the plaintiff started investing more time looking for a new spiritual director to help him understand what was taking place in his life.

The **effects of the fall** on the plaintiff's memory, the lack of sleep at Sacred Heart Major Seminary continued to effect the plaintiff's ability to concentrate, and his

energy level; nevertheless, the plaintiff found a new spiritual director (Fr. Chip) but the relationship did not last long.

Plaintiff continues look for a new spiritual director. Plaintiff is attending St. Regis Parish on weekdays and Fr. Norm Nawrocki makes an effort to meet plaintiff; therefore, plaintiff tries Fr. Norm Nawrocki as a spiritual director.

Fr. Norm Nawrocki race baits the plaintiff by stating he detects a ting of racism in the plaintiff. Fr. Norm Nawrocki also continues the Archdiocese of Detroit pattern of trying to convince plaintiff needs counseling. Fr. Norm Nawrocki suggests plaintiff needs six counseling sessions.

Spiritual experience – Gouging out eyes

On Monday, May 12, 2003, plaintiff started to get promptings in my mind. As a result of these mind promptings plaintiff threw away some food, acted strangely outside, and did vertical knee jumps inside. Also the spiritual voice had plaintiff physically gouge out his own eyes.

- The plaintiff needs to make it clear to the reader that the plaintiff was not suicidal. Never in the plaintiff's life did he ever want to hurt himself.

The spiritual voice also shared some spiritual and non-spiritual insights with the plaintiff.

- The spiritual voice told the plaintiff that Protestants are wrong once in faith not always in faith

- The spiritual voice told the plaintiff that Allen (Boogaard) is dead; later in time the plaintiff will come to understand that the spiritual voice was saying that Allen Boogaard is spiritually dead not physically dead
- The spiritual voice told the plaintiff that Allen (Boogaard) is not your friend
- The spiritual voice told the plaintiff to see Fr. Parone at Assumption of the Blessed Virgin Mary – Assumption Grotto

On Tuesday, May 13, 2003, the plaintiff drove to Assumption Grotto parish by following the directions of the spiritual voice. Southfield Freeway South to I-94; I-94 East to Gratiot; Gratiot North to Assumption Grotto parish. When the plaintiff arrived at Assumption Grotto parish he laid face down in the parking lot; left his vehicle running; and stated to a person that plaintiff wanted to see Fr. Parone.

Fr. Parone came to plaintiff; Fr. Parone let the plaintiff into the rectory; the plaintiff went to confession with Fr. Parone in the rectory and confessed that the plaintiff gouged out his eyes. After the confession Fr. Parone apparently made phone calls. While Fr. Parone was making phone calls, the plaintiff called Fr. Chini and left a message to cancel the meeting the plaintiff previously requested with Fr. Chini.

Fr. Parone apparently called plaintiff's family because Fr. Parone then proceeded to drive plaintiff to Oakwood Hospital Emergency against plaintiff will.

- The plaintiff expressly told Fr. Parone not to take him to a hospital; nevertheless, Fr. Parone continued to drive plaintiff to Oakwood Hospital

Emergency even after plaintiff expressly told Fr. Parone not to take him to the hospital.

Oakwood Hospital Emergency transferred plaintiff to North Oakland Medical Center. Plaintiff was imprisoned at North Oakland Medical Center for approximately ten days. While the plaintiff was imprisoned in the mental hospital against his will:

- North Oakland Medical Center simulated the lack of sleep plaintiff experienced at Sacred Heart Major Seminary by waking plaintiff up every 15 to 30 minutes
- North Oakland Medical Center simulated paging sounds similar to the paging at General Motors
- North Oakland Medical Center simulated race baiting by General Motors and the Archdiocese of Detroit by having a black male steal plaintiff belt

After being released from the mental hospital, plaintiff tried to re-enter Sacred Heart Major Seminary approximately June 2003. Plaintiff interviews with Fr. Bilot and Fr. Bilot rejects plaintiff because Fr. Bilot thinks plaintiff too many issues – **memory issues** and social issues.

In this same timeframe, Fr. Marc Gawronski (plaintiff pastor at St. Stephen – Mary, Mother of the Church) and the plaintiff's family tries to convince the plaintiff that he will be on medication for the rest of his life.

It this same timeframe, the plaintiff's vehicle window was conveniently smashed out in the parking lot of St. Stephen -Mary, Mother of the Church of the Archdiocese of Detroit.

Plaintiff spends some time investigating other Roman Catholic religious orders – rejected, rejected, rejected.

Plaintiff decides to retire from work.

Plaintiff ends his relationship with Fr. Norm Nawrocki as the plaintiff spiritual director.

- Plaintiff 1997 Saturn tire mysteriously has it air let out on St. Regis Parish - Archdiocese of Detroit property.
- Years later plaintiff 1997 Saturn is plowed in with snow on St. Regis Parish - Archdiocese of Detroit property.

In August 2003, plaintiff begins the process of trying to sell a piece of property in Tuscola County. A legal issue arises when relatives of Walter Stasko falsely challenge the validity of the deed to the land.

Plaintiff hires a lawyer (Duane Burgess) and the case is assigned to the State of Michigan, in the Circuit Court for the County of Tuscola, File #03-022044-CH, and assigned to Honorable Patrick R. Joslyn.

In the September 2004 to September 2005 timeframe five important items start to emerge:

1. It becomes more obvious that the Archdiocese of Detroit and the plaintiff's family are trying to convince others that the plaintiff needs to be on medication. At the deposition of Stanley R. Stasko on Thursday, September 9, 2004, Case No. #03-22044-CH (See Exhibit 9) the defendant's attorney (representing the plaintiff's extended family) will ask the plaintiff a series of questions that have no relevance to the sale of the land.
 - a. See deposition p.8, lines 7-25
 - b. Deposition p.9, lines 1-25
 - c. Deposition p.10, lines 1-12
 - d. Deposition p. 38, lines 1-4

2. In the September 2004 to September 2005 timeframe the plaintiff's memory is just starting to clear up. The difficulty the plaintiff still has can be seen in the long pauses, the um..., and the partial sentences in the deposition.

- a. Deposition p.6, lines 2-5
- b. Deposition p.6, lines 15-25
- c. Deposition p.7, lines 1-5
- d. Deposition p.7, lines 10-12
- e. Deposition p.8, lines 24-25 and p.9, line 1
- f. Deposition p.9, lines 6-8
- g. Deposition p.9, lines 25 and p.10, lines 1-2
- h. Deposition p.10, lines 9-12
- i. Deposition p.11, lines 10-19
- j. Deposition p.13, lines 3-18
- k. Deposition p.13, lines 24-25 and p.14, lines 1-6
- l. Deposition p.14, lines 24-25 and p.15, lines 1-2
- m. Deposition p.15, lines 7-10
- n. Deposition p.17, lines 5-10
- o. Deposition p.19, lines 5-7 and lines 19-22
- p. Deposition p.21, lines 9-10
- q. Deposition p.22, lines 11-13 and lines 23-25; p.23, line 1
- r. Deposition p.25, lines 25
- s. Deposition p.26, lines 7-11
- t. Deposition p.28, lines 3-9 and lines 24-25; p.29, lines 1-2
- u. Deposition p.29, lines 11-13
- v. Deposition p.33, lines 16-19

- w. Deposition p.34, lines 21-24
- x. Deposition p.35, lines 4-6
- y. Deposition p.36, lines 7-10
- z. Deposition p.38, lines 1-4 and lines 11-14
- aa. Deposition p.41, lines 7-8
- bb. Deposition p.43, lines 19-25 and p.44, line 1
- cc. Deposition p.44, lines 21-23

3. After the deposition plaintiff realizes that Duane Burgess (the plaintiff's attorney) is working against plaintiff; therefore, approximately February 2005 the plaintiff fires Duane Burgess and plaintiff has to try to represent himself.
 - a. Also Judge Patrick R. Joslyn is openly biased against plaintiff; therefore, the plaintiff will have to win the case in appeals court.
4. When the plaintiff fires Duane Burgess the plaintiff now has to represent himself in Stasko v Stasko Circuit Court for the County of Tuscola, File #03-022044-CH. The plaintiff uses his personal computer at home and the internet to prepare his legal arguments. The plaintiff memory is starting to clear up and he is starting to recall that the spiritual voice in **spiritual experience – gouging out eyes** told the plaintiff that Allen (Boogaard) is dead. The plaintiff uses the internet to try to determine if Allen (Boogaard) is dead or alive. The plaintiff is unsuccessful for a long period of time in determining if Allen Boogaard is dead or alive. Finally the plaintiff determines that Allen Boogaard is alive; therefore, the spiritual voice message was that Allen (Boogaard) is spiritually dead. The plaintiff also

recalls that the spiritual voice told the plaintiff that Allen (Boogaard) is not your friend.

5. If Allen (Boogaard) is not the plaintiff's friend then maybe things at General Motors needs to be reconsidered. The plaintiff tries to remember what things were like at General Motors. Slowly the plaintiff's memory recalls things the plaintiff had forgotten **after the fall**. The plaintiff now needs to determine if his mind is playing tricks on him or did **the fall** cause a loss of memory. On July 20, 2005, plaintiff requested a complete copy of all employment records pertaining to his work for General Motors Corporation. (See Exhibit 10) The defendant did not respond to the letter dated July 20, 2005. On August 8, 2005, plaintiff made a second request for a complete copy of all employment records pertaining to his work for General Motors Corporation. (See Exhibit 11) The defendant did not respond to the second request letter dated August 8, 2005. On August 24, 2005, plaintiff made a third request for a complete copy of all employment records pertaining to his work for General Motors Corporation. (See Exhibit 12) The defendant responded by mailing a package of information to plaintiff FedEx Trk # 8464-9619-6310 (See Exhibit 13)

The plaintiff expected performance evaluation for CY1983, CY1984, CY1985, CY1986, CY1987, CY1988, CY1989, CY1990, CY1991, CY1992, CY1993, CY1994, and CY1995. The plaintiff finds performance evaluation only for CY1989, CY1990, and CY1991. So much is missing that a reader of plaintiff personnel records would get the impression that the plaintiff had nothing to do with the Emissions Wing renovation or the Dynamometer Wing Renovation. The

plaintiff calls a lawyer. Once the lawyer finds out that the plaintiff left General Motors in CY1995, the lawyer has no interest in the case because it is now CY2005. Plaintiff calls the same lawyer back again a few days later and the lawyer does not even return plaintiff message. The reader needs to remember:

- The plaintiff memory is only beginning to clear up
- The inability to concentrate, and lack of energy still effects the plaintiff
- The plaintiff recently had to fire Duane Burgess (the plaintiff's attorney) for working against plaintiff
- The plaintiff experience with Judge Patrick R. Joslyn is openly biased against plaintiff

The plaintiff is in no condition to represent himself against General Motors at this time, or deal with another lawyer like Duane Burgess, or deal with another judge like Judge Patrick R. Joslyn. It will be several more years before the plaintiff's memory clears up enough for the plaintiff to give a detailed account of his accomplishments at General Motors. In order for the reader to understand how much the plaintiff's memory will clear up several years later, Exhibit 15 represents the plaintiff's resume for General Motors accomplishments in CY2005 and Exhibit 16 represents the plaintiff's resume for General Motors accomplishments written approximately October 2009. If the defendant argues that the plaintiff should have appointed a guardian to capably handle the plaintiff's rights when the plaintiff first discovered the injury or loss approximately July 2005 the plaintiff states that he is a single man with no spouse. The plaintiff has no legal children.

While the plaintiff's memory starts to clear up; nevertheless, the Archdiocese of Detroit continues to persecute / harass the plaintiff.

- Approximately September 2004, a spiritual experience while driving home from legal proceedings prompts the plaintiff to stare at Fr. Chini at Our Lady of Mt. Carmel Parish until he disappears
- The Archdiocese of Detroit starts threatening plaintiff. Plaintiff goes to Our Lady of Mt. Carmel Parish for confession and Mass. Plaintiff usually arrives before the start of Mass and waits in Our Lady of Mt. Carmel parking lot. One day an unknown man pulls up into the parking lot with an old car and hides behind his driver side door. Plaintiff hears gun shots – bang, bang, bang.
- The Archdiocese of Detroit continues threatening plaintiff. A few days later the same unknown man tries to run plaintiff over with his car in Our Lady of Mt. Carmel parking lot. Plaintiff does not back down; the man pulls away at the last moment.
- The Archdiocese of Detroit continues to harass the plaintiff. A few days later two men dressed like police officers block the plaintiff in the last pew at Our Lady of Mt. Carmel Church.
- The Archdiocese of Detroit continues working on plaintiff family in order to convince the plaintiff that he will be on medication for the rest of his life.
- The Archdiocese of Detroit falsely tries to claim authorship of the plaintiff's first solo book – *Is 1Kings 6:1 in Error?* by AuthorHouse in October 2007

Question: How did the plaintiff write two books in his condition?

Answer: The reader must understand that the two books *Is 1Kings 6:1 in Error?* and *Israel Population Growth – from Genesis to Exodus* are mostly quotations from Sacred Scripture, mathematical calculations, or graphics; therefore, the

plaintiff could sit at home in front of his computer and slowly work on the books without having to answer any face-to-face questions.

In summary this essay is written by the plaintiff (Stanley R. Stasko) in the civil case of Stasko v General Motors Corporation filed in the United States District Court – Eastern District of Michigan. This essay is written in fulfillment of the requirement of Rose v Saginaw County (See Exhibit 6) whereby "... if the plaintiff has delayed beyond the limitation period, he must fully plead the facts and circumstances surrounding his belated discovery and the delay."

The plaintiff's memory clears up enough for plaintiff to challenge General Motors in court. The plaintiff writes a resume of General Motors accomplishments. (See Exhibit 16) The plaintiff seeks a lawyer approximately October 2009.

Question: Before we end this essay are there any other spiritual experiences the reader can physically verify?

Answer: Yes

Spiritual experience – Wedding pictures

In May 1995 plaintiff married Pamela; unfortunately the honeymoon and marriage did not work out because the marriage was never consummated. At Pamela and Stanley wedding two types of wedding pictures were taken, one from a professional photographer and the second personal photographs. When Pamela and Stanley received the personal photographs back from retail processing, superimposed on some of the pictures were graveyard images (this can be verified by contacting Pamela Kay Stasko). Pamela and Stanley lived a façade of a marriage for five years; the unconsummated marriage; Pamela reneging on her word to have children; and Pamela purposefully engaged in marital arguments to stir up marital trouble all brought about the death of the marriage previewed in the superimposed pictures with the graveyard images.

Spiritual experience – Fr. Shirilla – Do not be stubborn

Approximately CY1993 the plaintiff met with a priest friend of his by the name Rev. Fr. Gerald M. Shirilla. Fr. Shirilla was an instructor of plaintiff at Sacred Heart Major Seminary when plaintiff was studying to be a certified liturgy coordinator for the Archdiocese of Detroit through the Institute for Pastoral Liturgical Ministries – IPLM. In the course of the evening the plaintiff shared a spiritual insight he was giving regarding Fr. Shirilla.

- First, the plaintiff told his friend Fr. Shirilla that he (Fr. Shirilla) would not live to see the average life expectancy for a man of his demographics.
- Second, the plaintiff told Fr. Shirilla that when he dies and stands for his final judgment *do not be stubborn*. In other words, on the day of his particular final judgment if Fr. Shirilla is told that some of the teachings of the Roman Catholic Church are wrong – then listen to what judgment day is telling you, and do not stubbornly hold unto the teachings of the Roman Catholic Church you learned on earth.

The reader is free to ask any friends of Fr. Shirilla regarding these spiritual insights.

Spiritual experience – Appendix

In approximately July 2000 plaintiff in physical pain in the abdominal area and the pain is moving down and to the right. Plaintiff goes to Henry Ford Hospital – Fairlane and Henry Ford Hospital – Fairlane advises plaintiff to go to Henry Ford Hospital – Main. Plaintiff is admitted into Henry Ford Hospital – Main and assigned to a room and stays over night for appendicitis.

Plaintiff is examined by a female Muslim medical doctor. Plaintiff is in much pain in area of his appendix. Plaintiff is under the impression that he will be having his appendix removed. Plaintiff prays for healing (a simple prayer like Lord Jesus please heal me). Plaintiff starts to get better. A group of doctors visit plaintiff; plaintiff bounces his stomach up and down to the doctors to prove he is getting better and a female doctor exclaims out loud **he's better**. Plaintiff does not have his appendix removed.

Spiritual experience – Mr. Telka

In approximately CY1996, Mr. Telka (plaintiff knew his daughter Mary and Theresa when growing up in Southwest Detroit) was in nursing home dying (Mr. Telka was within hours or days of dying). Plaintiff visited Mr. Telka and asked Mr. Telka if plaintiff could pray for him. Mr. Telka said yes. Plaintiff extended his hands over Mr. Telka and prayed one Our Father.

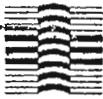
A short time passed and plaintiff wanted to visit Mr. Telka. Plaintiff was told that Mr. Telka was discharged.

Some time passed and plaintiff was personally invited to a Telka family gathering at a public hall. Mr. Telka personally thanked plaintiff.

Some people in the Archdiocese of Detroit tried to discredit plaintiff by falsely claiming plaintiff did not perform this miracle; instead, tried to give credit to the Blessed Virgin Mary.

Mr. Telka lived several more years and died in CY2002. At Mr. Telka's funeral Mass in Dearborn, Michigan, a Telka family member publicly stated in church - **miracles still do occur.** The reader is free to contact Mary Telka (maiden name) regarding Spiritual experience – Mr. Telka.

Exhibit - 8



Medical Rec. No: 688916

Attending Physician: SHAHID JAMIL, M.D.

Room Number: MH-0451-B

Patient Type: I

Account No: 6346842

Admit Date: 05/14/03

Discharge Date: 05/23/03

Name: STASKO, STANLEY

D.O.B. 06/06/69

Age: 033Y

Sex: M

FINAL DIAGNOSES: **AXIS I:** Schizoaffective disorder, depressed.
AXIS II: None.
AXIS III: None.

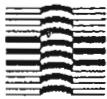
REASON FOR ADMISSION: The patient was admitted on referral from Common Ground after he had been sent to them with a history of bizarre behavior.

According to the patient, the day before admission, he heard voices that told him to gouge out his eyes and he tried to do so. Subsequently, he felt extremely guilty and decided to go see a Catholic priest in Detroit that he knew only by name. After getting there, he got out of the car and laid down on the parking lot to do his confession. That is how he was found and the priest apparently after talking with him found out what he was there for. He was sent to Detroit Receiving Emergency Room, transferred to Common Ground's care and subsequently to my care.

As best as I can piece it together, the symptoms apparently have been going on for about 8-9 years. He used to work for General Motors and could not continue employment due to the beginnings of his symptoms where he was unable to concentrate, unable to interact with the coworkers, increasingly felt that there was a conspiracy against him and had to leave that employment. Subsequently, he tried to work at two other places and could not work due to the same problems. He is an electrical engineer by trade but his functioning level has slowly deteriorated over these years. He lives alone and barely functions now. In the meantime, he also developed severe obsessive-compulsive symptoms where he would be concerned about germs and wash his hands repeatedly, to the point that he excoriated the skin. He would also obsessively ruminate about various things. He has been hearing voices that were telling him what to do, largely benign directions, such as to brush his teeth or to close the door when he was changing clothes. He stated he was sleeping very poorly, eating very poorly. Concentration was extremely poor. He had significant religious preoccupations and felt very guilt-ridden but was unable to explain regarding what. He has never been treated before.

There is a family history of bipolar disorder, according to his sister with whom I spoke of, with the patient's permission. The patient does not have a history of alcohol or drug use. The family seems very supportive of him.

Medical Records Report



Medical Rec. No: 688916

Account No: 6346842

Attending Physician: SHAHID JAMIL, M.D.

Admit Date: 05/14/03

Room Number: MH-0451-B

Patient Type: I

Discharge Date: 05/23/03

Name: STASKO, STANLEY

D.O.B. 06/06/69

Age: 033Y

Sex: M

PATIENT'S CONDITION AT THE TIME OF ADMISSION: He was overdressed for our unit. He had a well-pressed pants, shirt and tie on. Was alert, awake, oriented, pleasant and cooperative. Speech was understandable but not goal directed due to looseness of association and frequent thought blocking and his tendency to be absolutely precise. For example, he felt that if somebody asked him if the food was tasty and he was not paying attention to the taste while eating, he could not answer that question truthfully. He would often stop in the middle of a sentence and concentrate on his thoughts to make sure that he was answering precisely. He admitted having auditory command hallucinations but at this time these are more of a benign nature but they are constant throughout the day. Paranoid and religious preoccupation is present. Obsessional thinking pattern is present. He denies being suicidal or wanting to hurt himself or others. Insight is superficial.

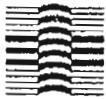
Physical assessment was done by Dr. Sura. Due to the patient's concerns about unprotected sex, HIV and tests for hepatitis were done and were negative.

Labs consisted of CBC with differential, blood chemistry, thyroid studies and urine analysis, all of which were essentially unremarkable. B12 and folate levels were done also. B12 level came back at 157 picogram per ml and folate was 12.3. He received three injections of B12 from Dr. Sura. Alcohol and drug screen were negative. CT scan of the brain was negative.

TREATMENT COURSE DURING HOSPITALIZATION: After a lengthy discussion about diagnosis, differential diagnosis and treatment options, we decided to go with Risperdal 1 mg a.m. and h.s., eventually increasing to 2 mg a.m. and h.s. He was complaining of daytime sedation and it was changed to 3 mg at h.s. and eventually Zoloft was added at 50 mg after dinner. He tolerated the medications very well and showed rather slow but steady improvement with gradual reduction in all of his symptoms. He became much more spontaneously, the thought blocking decreased, the looseness of association decreased and he was able to carry out a goal-directed conversation much better.

I had several discussions also with the patient regarding the importance of his family history and possibly the need for a mood stabilizer should hypomanic-manic symptoms emerge and the importance of treatment follow-through. He often commented that as far as he was concerned all that he needed was a good confessional session with a Catholic priest and did not 4100132 6/98

DISCHARGE SUMMARY



Medical Rec. No: 688916

Account No: 6346842

Attending Physician: SHAHID JAMIL, M.D.

Admit Date: 05/14/03

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Patient Type: I

Discharge Date: 05/23/03

Name: STASKO, STANLEY

D.O.B. 06/06/69

Age: 033Y Sex: M

see why people were so worried about his symptoms and wanted him to be in the hospital. This worries me because inspite of several discussions with the patient, he does not seem to have gained much of an insight.

PATIENT'S CONDITION AT THE TIME OF DISCHARGE: His psychotic symptoms appear to have significantly lessened. The mood seems to be much more brighter and more stable. He was tolerating the medications very well.

Prognosis is good with continued treatment.

RECOMMENDATIONS: Arrangements have been made for the patient to be followed by Easter Seals and he promised he that he would follow through. A two-week supply for Risperdal 3 mg at h.s. and Zoloft 50 mg after dinner was given to the patient. No restrictions were placed on his diet or mobility. I have explained to the patient that the B12 level being low right now is being blamed on his poor dietary intake prior to hospitalization but needs to be followed up as an outpatient and he promised me he would do so. Temporarily, he is going to stay with his sister and then go back to his home once the symptoms are even under better control. Between now and such time as he gets to see the psychiatrist at Easter Seals, should his condition worsen, especially should his suicidal thoughts or urges to hurt himself come back, he is to call Common Ground, call me or come back to the emergency room immediately and he promised to do so.

A copy of his labs and CT scan were faxed to Easter Seals with his permission to ensure smooth transition.

Dictated By: JAMIL, SHAHID

^1
^2

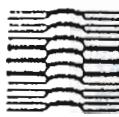
SHAHID JAMIL, M.D.

DD: 05/24/03 DT: 05/29/03 1353 \: mf3 /: 540 JOB: 17228
 ID: 000207021

Medical Records Report

4100132 6/98

DISCHARGE SUMMARY



NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY

CONSENT FOR PSYCHOTROPIC MEDICATION

I am a patient of Dr JAMIL. He/She has informed me that he/she recommends that I receive psychotropic medication for treatment of my disorder. Although everybody's response to this medication is different, in many cases similar to mine, this medication has demonstrated that it is helpful in alleviating or reducing some of the signs and symptoms typical of my disorder. While there is no guarantee that this medication will be 100% effective, my doctor is of the opinion that there is no alternative form of treatment suitable for me, which is likely to be more effective.

I hereby acknowledge that my doctor did discuss with me the various risks and benefits associated with taking psychotropic medications, checked below:

MAJOR TRANQUILIZERS: Dry mouth, constipation, blurred vision (close up), various rashes, blood pressure changes (drop in blood pressure with change of position), and muscle spasms. Tardive dyskinesia, a side effect that may or may not develop with taking major tranquilizer, sometimes only after a short time (a few weeks or months) or more commonly after years of therapy, was discussed. Tardive dyskinesia is a condition that might occur while taking the medication or after the medication has been discontinued; and it may or may not go away, quickly or slowly. Tardive dyskinesia consists of movement of certain muscles that may or may not include the mouth, lips, or less commonly, muscles of the trunk (pelvis and hips). RISPERIDOL

ANTI-DEPRESSANT (Tricyclic): Dry mouth, sedation, blurred vision, blood pressure changes, constipation, EKG changes, changes in heart beat, urinary retention, allergic reaction.

ANTI-DEPRESSANT (MAOI): Must adhere to a special diet and use special caution in taking other medications which can raise the blood pressure when combined with this medication for approximately two weeks after discontinuation. Dry mouth, restlessness, allergic reaction.

LITHIUM CARBONATE: At therapeutic levels these side effects may be seen: tremors, nausea, vomiting, diarrhea, frequent urination, fatigue, thyroid changes, and allergic reactions. At higher levels these side effects may be seen: confusion, seizures, coma.

MINOR TRANQUILIZERS AND SEDATIVES: Sedation, slowed reaction time, psychological and physical dependence and allergic reactions.

STIMULANT: Nervousness, insomnia, decreased appetite and weight loss, rapid heart beat, increased blood pressure, psychological and physical dependence.

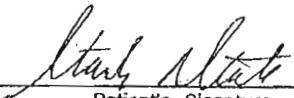
OTHER:

Any of these medications may cause drowsiness and might increase the effects of alcohol or other sedatives (such as drowsiness or poor coordination). Caution in driving and operating machinery and other tasks requiring alertness and coordination should be exercised. This explanation of risks and benefits is not meant to be all inclusive. There are other potential adverse reactions. I should promptly notify my doctor or another member of the staff if there are any unexpected changes in my condition.

I understand that I may not be compelled to take this medication and that I may decide to stop taking it at any time. I understand that the symptoms of my disorder may return or worsen if I stop taking this medication.

After a period with a specific medication, my doctor may determine that a different dosage of the same medication or a different type of medication may be necessary before the best medication is found.

I also understand that although my doctor believes that this medication will help me, there is no guarantee as to the results that may be obtained. On this basis, I authorize my doctor (or anyone authorized by him or her) to administer such doses of medication at such intervals as my doctor believes is best. I also authorize my doctor (or anyone authorized by him or her) to change the type of medication I am to receive or the doses of my medication in order to achieve the best results possible.



Patient's Signature

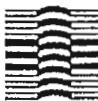
Parent/Legal Guardian's Signature



Physician's Signature

5/14/03

Date

North Oakland
Medical Centers

Doctor's Orders- Major Depression

Identification area

450 A
Stanley Stasko

1634684 4 PSY 51403
488916 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID

Identification Area

1634684 4 PSY 51403
488916 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID

*Instructions: Check X to indicate choice; write in alternate choice/dose

NRDA

Date 5-14-03 Time 0345

1. Level - Mated

2. Regular Diet - 933

3. Consult Dr. SUSA for history and physical examination ie:
7641039 - An Cal & Nabily

4. Lab studies if not done in ER

CBC

UA

SMA18 - 7641039

T3 - 930 Mated

T4 - 931 5/14/03

TSH - 939 5/14/03

5. EKG re: 5/14/03

6. Pregnancy Test as appropriate Susana J.

7. OT,RT - 935

8. Group Therapy - 934

9. Social work consult for social history - 7641038

10. Geropsych tract for patients > 60 years

11. Dual diagnosis tract

12. Tylenol gr X q 4 pm fro headache

13. MOM 30 ml pm for constipation

14. Maalox/Mylanta 30 ml qid pm

15. Restoril 15 mg q HS pm
ATIVAN 1mg q 6h. pm 1/4po
HALDOL 5mg q 6h pm 1/4po

16. Other
TO Dr. Stanit / D. U. T. A. D.
Susana J.

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR DATE 5/14/03 TIME
A generically equivalent product, identical in dosage form.

CK ✓ A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.

Re: perusal ^{with} ~~two new, these of Am & HSP~~
SW → pl contact family for addi-
tional info Asts. 7/14/752

Sealid Reinforcement

20th May 1983

DRUG SENSITIVITIES:

**IDENTIFICATION
AREA**

PHAR DATE 5/14/03 TIME 2:30 PM
CK A generically equivalent product, identical in dosage form
and content of active ingredient(s) may be dispensed.

CK ✓ A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.

11642439

folate, B₁₂, ERY - 7.0 Retifinal CML ery
folate, B₁₂, ERY - 7.0 u³⁸
folate, B₁₂, ERY - 7.0 u³⁵
folate, B₁₂, ERY - 7.0 u³³

Liq pot chlor 20 meq po 131d x(3)

C.F. - Don't (m) CT Brain with contrast #1642440 day
11/14/07 → no tumor, FJV Encephalitis

14 hrs on 5/16/02. Mr. May

Noted C. Seeger 5-14-03

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

**IDENTIFICATION
AREA**

PHAR	DATE	5/15/03	TIME
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.		
<p>Cancel ETC</p> <p>↑ Risperdal 2 mg of AM & HS noted + given</p> <p>Shalid Jennifer</p> <p>Noted C Deongra</p> <p>5-15-03</p>			

DRUG SENSITIVITIES:

IDENTIFICATION
AREA

PHAR	DATE	TIME
CK ✓	5/16/03	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.
<p>↓ need to II</p> <p>Snalid Jnif D</p> <p>Noted & Lengra</p> <p>5-16-03</p>		
<p>5-16-03</p> <p>4-8912 0669 51407</p> <p>5-16-03 334</p> <p>STANLEY MARTIN SHAFER</p> <p>JAPIL SHAHID</p> <p>R.F.</p>		

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

**IDENTIFICATION
AREA**

PHAR	DATE	TIME
	5/19/2003	8:30 a.m.
CK ✓	A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.	
Rx: B12 1 mg IM today TAB metformine PO 1000 or 3 times noted Sawadon 5/19/03		

DRUG SENSITIVITIES:

**IDENTIFICATION
AREA**

USE BALL POINT PEN — PRESS FIRMLY PLEASE

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	TIME	
<input checked="" type="checkbox"/> A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.			
<p>↓ Leeeeel to I</p> <p>Pharmacy: Please follow these meds for tomorrow's discharge:</p> <p>Risperdal 3mg qHS (#14)</p> <p>Talozt 50mg po Dinner daily (#14)</p> <p>Good (Signature)</p> <p>5/22/03</p> <p>631000</p>			

DRUG SENSITIVITIES:

IDENTIFICATION AREA

PHAR	DATE	TIME	
<input checked="" type="checkbox"/> A generically equivalent product, identical in dosage form and content of active ingredient(s) may be dispensed.			
<p>Discharge. Flu & Easter Seals. Please fax a copy of all labs, EKG, CT scan brain, Discharge Instructions to them.</p> <p>Good (Signature)</p> <p>5/23/03</p> <p>631000</p>			

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	450	A	033Y	KG		M
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME		DOSE PERIOD			
688916	6346842	JAMIL, SHAHID		5/14/03 7:01 -- 5/15/03 7:00			
DIAGNOSIS		ALLERGIES		MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG		7:01-15:00	15:01-23:00	23:01- 7:00	
TYLENOL TABLET, ACETAMINOPHEN T 650MG=2TAB EVERY 4 HR PRN P.O. START: 5/14/03 3:38 FOR HEADACHE		PRN# 1		TIME	SITE INITIAL	TIME	SITE INITIAL
MILK OF MAGNESIA CONCENTRATE 10ML AS NEEDED P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 PRN CONSTIPATION:10ML CONC=30ML REGULAR PRN#		*PRN*		2	X		
MAALOX PLUS SUSP. 30ML QID PRN P.O. START: 5/14/03 3:38 STOP: 8/11/03 21:00 TAKE AS NEEDED 4 TIMES A DAY		PRN# 3		3	X		
ATIVAN INJ.. LORAZEPAM INJ. 1MG=0.5ML EVERY 6 HR PRN I.M. START: 5/14/03 3:38 STOP: 5/23/03 24:00 IM/PO		PRN# 4		4	X		
ATIVAN TAB.. LORAZEPAM TAB. 1MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM		PRN# 5		5	X		
HALDOL INJ.. HALOPERIDOL INJ 5MG=1ML EVERY 6 HR PRN I.M. START. 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM		PRN# 6		6	X		
HALDOL TAB.. HALOPERIDOL TAB 5MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:40 STOP: 8/11/03 24:00 PO/IM		PRN# 7		7	X		
5/14/03 Resperedol 1mg Stat po 0442 po X6							
5/14/03 Resperedol 1mg QAM + QHS po 2200 CT							
5-14 leg. got clear. somey - o - 131DX3 Days 1700 CT							
() Kellip w/1a		() C Huang w/2		()			

MEDICATION ADMINISTRATION RECORD

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	450	A	039Y	KG		M
MEDICAL RECORD #	PATIENT AC/#	DOCTOR NAME			DOSE PERIOD		
688916	6346842	JAMIL, SHAHID			5/15/03 7:01 - 5/16/03 7:00		
DIAGNOSIS	ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01-7:00	
RISPERDAL TABLET, RISPERIDONE TAB				TIME	SITE	INITIAL	TIME
1MG-1TAB	AM AND HS	P.O.		900	22	1C	2100
START: 5/14/03 9:00	STOP: 8/11/03 21:00						
5/15/03 ↑ 2mg QAM & HS Po		MED# 8					
POTASSIUM CHLOR 10%				900	22	1C	1700
20MEO=15ML	TWICE DAILY	P.O.					
START: 5/14/03 16:10	STOP: 5/17/03 9:00						
		MED# 9					
TYLENOL TABLET, ACETAMINOPHEN T							
650MG=2TAB	EVERY 4 HR PRN	P.O.					
START: 5/14/03 3:38	STOP: 8/12/03 1:00						
FOR HEADACHE		PRN#					
		1					
MILK OF MAGNESIA CONCENTRATE				*PRN*			
10ML	AS NEEDED	P.O.					
START: 5/14/03 3:38	STOP: 8/12/03 1:00						
PRN CONSTIPATION: 10ML CONC=30ML REGULAR		PRN#					
		2					
MAALOX PLUS SUSP.				*PRN*			
30ML	QID PRN	P.O.					
START: 5/14/03 3:38	STOP: 8/11/03 21:00						
TAKE AS NEEDED 4 TIMES A DAY		PRN#					
		3					
ATIVAN INJ., LORAZEPAM INJ.							
1MG=0.5ML	EVERY 6 HR PRN	I.M.					
START: 5/14/03 3:38	STOP: 5/23/03 24:00						
IM/PO		PRN#					
		4					
ATIVAN TAB., LORAZEPAM TAB.							
1MG=1TAB	EVERY 6 HR PRN	P.O.					
START: 5/14/03 3:39	STOP: 5/23/03 24:00						
PO/IM		PRN#					
		5					
HALDOL INJ., HALOPERIDOL INJ.							
5MG=1ML	EVERY 6 HR PRN	I.M.					
START: 5/14/03 3:39	STOP: 5/23/03 24:00						
PO/IM		PRN#					
		6					
HALDOL TAB., HALOPERIDOL TAB							
5MG=1TAB	EVERY 6 HR PRN	P.O.					
START: 5/14/03 3:40	STOP: 8/11/03 24:00						
PO/IM		PRN#					
		7					
<i>(Signature)</i> (1C)				<i>(Signature)</i> (1C)			

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	450	A	033Y	KG		M
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSER PERIOD		
688916	6346842	JAMIL, SHAHID			5/16/03 7:01 - 5/17/03 7:00		
DIAGNOSIS	ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01-7:00	
POTASSIUM CHLOR 10% 20MEQ=15ML TWICE DAILY P.O. START: 5/14/03 16:10 STOP: 5/17/03 9:00 MED# 9		900	8P	1700	0	hr	
RISPERDAL TABLET, RISPERIDONE TAB 2MG=1TAB AM AND HS P.O. START: 5/15/03 9:00 STOP: 8/12/03 21:00 MED# 10		900	8P	2100	0	hr	
TYLENOL TABLET, ACETAMINOPHEN T 650MG=2TAB EVERY 4 HR PRN P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 FOR HEADACHE PRN# 1							
MILK OF MAGNESTIA CONCENTRATE 10ML AS NEEDED P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 PRN CONSTIPATION:10ML CONC=30ML REGULAR PRN# 2			*PRN*				
MAALOX PLUS SUSP. 30ML QID PRN P.O. START: 5/14/03 3:38 STOP: 8/11/03 21:00 TAKE AS NEEDED 4 TIMES A DAY PRN# 3			*PRN*				
ATIVAN INJ., LORAZEPAM INJ. 1MG=0.5ML EVERY 6 HR PRN I.M. START: 5/14/03 3:38 STOP: 5/23/03 24:00 IM/PQ PRN# 4							
ATIVAN TAB., LORAZEPAM TAB. 1MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 5							
HALDOL INJ., HALOPERIDOL INJ 5MG=1ML EVERY 6 HR PRN I.M. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 6							
HALDOL TAB., HALOPERIDOL TAB 5MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:40 STOP: 8/11/03 24:00 PO/IM PRN# 7							

J. [Signature] (H) () S. [Signature] (SF) () () () ()

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX			
STASKO, STANLEY	MH	450	A	033Y	KG		M			
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME		DOSE PERIOD						
688916	6346842	JAMIL, SHAHID		5/18/03 7:01 - 5/19/03 7:00						
DIAGNOSIS		ALLERGIES		MEDICATION ADMINISTRATION DATES						
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG		7:01-15:00	15:01-23:00	23:01- 7:00				
RISPERDAL TABLET, RISPERIDONE TAB 2MG=1TAB AM AND HS P.O. START: 5/15/03 9:00 STOP: 8/12/03 21:00 MED# 10		TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SITE	INITIAL
TYLENOL TABLET, ACETAMINOPHEN T 650MG=2TAB EVERY 4 HR PRN P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 FOR HEADACHE PRN# 1		900	5A	2100	0	8C				
MILK OF MAGNESIA CONCENTRATE 10ML AS NEEDED P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 PRN CONSTIPATION:10ML CONC=30ML REGULAR PRN# 2										
MAALOX PLUS SUSP 30ML QID PRN P.O. START: 5/14/03 3:38 STOP: 8/11/03 21:00 TAKE AS NEEDED 4 TIMES A DAY PRN# 3										
ATIVAN INJ., LORAZEPAM INJ. 1MG=0.5ML EVERY 6 HR PRN I.M. START: 5/14/03 3:38 STOP: 5/23/03 24:00 IM/PO PRN# 4										
ATIVAN TAB., LORAZEPAM TAB. 1MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 5										
HALDOL INJ., HALOPERIDOL INJ 5MG=1ML EVERY 6 HR PRN I.M. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 6										
HALDOL TAB., HALOPERIDOL TAB 5MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:40 STOP: 8/11/03 24:00 PO/IM PRN# 7										
5-18 inj. B12 1mg Today 1700 0 8C										
5-18 mult. rat. - - - 701 200 0 8C										
____ () () S. P. Fleck (SF) () () S. M. H. (S)										

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX
STASKO, STANLEY	MH	450	A	033Y	KG		M
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD		
688916	6346842	JAMIL, SHAHID			5/17/03 7:01 - 5/18/03 7:00		
DIAGNOSIS	ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00	
POTASSIUM CHLOR 10%				900	8F		
20MEQ=15ML	TWICE DAILY	P.O.			1700	2 h	
START: 5/14/03 16:10	STOP: 5/17/03	9:00					
			MED#				
			9	51			
RISPERDAL TABLET, RISPERIDONE TAB				900	8F	2100	2 h
2MG=1TAB	AM AND HS	P.O.					
START: 5/15/03 9:00	STOP: 8/12/03	21:00					
			MED#				
			10	51			
TYLENOL TABLET, ACETAMINOPHEN T							
650MG=2TAB	EVERY 4 HR PRN	P.O.					
START: 5/14/03 3:38	STOP: 8/12/03	1:00					
FOR HEADACHE		PRN#					
			1	51			
MILK OF MAGNESIA CONCENTRATE				*PRN*			
10ML	AS NEEDED	P.O.					
START: 5/14/03 3:38	STOP: 8/12/03	1:00					
PRN CONSTIPATION:10ML CONC=30ML REGULAR		PRN#					
			2	51			
MAALOX PLUS SUSP.				*PRN*			
30ML	QID PRN	P.O.					
START: 5/14/03 3:38	STOP: 8/11/03	21:00					
TAKE AS NEEDED 4 TIMES A DAY		PRN#					
			3	51			
ATIVAN INJ., LORAZEPAM INJ.							
1MG=0.5ML	EVERY 6 HR PRN	I.M.					
START: 5/14/03 3:38	STOP: 5/23/03	24:00					
IM/PO		PRN#					
			4	51			
ATIVAN TAB., LORAZEPAM TAB.							
1MG=1TAB	EVERY 6 HR PRN	P.O.					
START: 5/14/03 3:39	STOP: 5/23/03	24:00					
PO/IM		PRN#					
			5	51			
HALDOL INJ., HALOPERIDOL INJ.							
5MG=1ML	EVERY 6 HR PRN	I.M.					
START: 5/14/03 3:39	STOP: 5/23/03	24:00					
PO/IM		PRN#					
			6	51			
HALDOL TAB., HALOPERIDOL TAB							
5MG=1TAB	EVERY 6 HR PRN	P.O.					
START: 5/14/03 3:40	STOP: 8/11/03	24:00					
PO/IM		PRN#					
			7	51			
<i>U. [Signature] (M)</i>	()	()	()	<i>L. Fleischman BI</i>	()	()	()

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX	
STASKO, STANLEY	MH	450	A	033Y	KG		M	
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD			
688916	6346842	JAMIL, SHAHID			5/19/03 7:01 - 5/20/03 7:00			
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES			
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01-7:00	
RISPERDAL TABLET, RISPERIDONE TAB 2MG=1TAB AM AND HS P.O. START: 5/15/03 9:00 STOP: 8/12/03 21:00 MED# 10		900 8/1			900 8/1	2100 8/1	See new order 15/19/03	
VITAMINS, MULTIPLE 1TAB ONCE DAILY P.O. START: 5/18/03 15:39 STOP: 8/16/03 9:00 MED# 12		900 8/1						
TYLENOL, TABLET, ACETAMINOPHEN T 650MG=2TAB EVERY 4 HR PRN P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 FOR HEADACHE PRN# 1		8/1						
MILK OF MAGNESIA CONCENTRATE 10ML AS NEEDED P.O. START: 5/14/03 3:38 STOP: 8/12/03 1:00 PRN CONSTIPATION:10ML CONC=30ML REGULAR PRN# 2		8/1						
MAALOX PLUS SUSP. 30ML QID PRN P.O. START: 5/14/03 3:38 STOP: 8/11/03 21:00 TAKE AS NEEDED 4 TIMES A DAY PRN# 3		8/1						
ATIVAN INJ., LORAZEPAM INJ. 1MG=0.5ML EVERY 6 HR PRN I.M. START: 5/14/03 3:38 STOP: 5/23/03 24:00 IM/PO PRN# 4		8/1						
ATIVAN TAB., LORAZEPAM TAB. 1MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 5		8/1						
HALDOL INJ., HALOPERIDOL INJ. 5MG=1ML EVERY 6 HR PRN I.M. START: 5/14/03 3:39 STOP: 5/23/03 24:00 PO/IM PRN# 6		8/1						
HALDOL TAB., HALOPERIDOL TAB 5MG=1TAB EVERY 6 HR PRN P.O. START: 5/14/03 3:40 STOP: 8/11/03 24:00 PO/IM PRN# 7		8/1						
5/19/03 (8/1)								
↑ HS Risperdal to 3mg & HS					2100 8/1			
8/1 8/1		()	()	()	Due 6/19/03 (8/1)	()		
8/1 8/1		()	()	()				

Handy () () Stein (Part 2) () () () () () ()

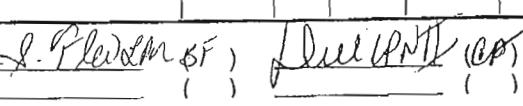
MEDICATION ADMINISTRATION RECORD

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX		
STASKO, STANLEY	MH	451	B	033Y	KG		M		
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD				
688916	6346842	JAMIL, SHAHID			5/20/03 7:01 - 5/21/03 7:00				
DIAGNOSIS		ALLERGIES		MEDICATION ADMINISTRATION DATES					
PSYCHOTIC DISORDER	NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00			
ATIVAN TAB.. LORAZEPAM TAB.									
1MG=1TAB	EVERY 6 HR PRN P.O.								
START: 5/14/03 3:39	STOP: 5/23/03 24:00								
PO/IM	PRN#								
	5								
HALDOL INJ.. HALOPERIDOL INJ									
5MG=1ML	EVERY 6 HR PRN I.M.								
START: 5/14/03 3:39	STOP: 5/23/03 24:00								
PO/IM	PRN#								
	6								
HALDOL TAB.. HALOPERIDOL TAB									
5MG=1TAB	EVERY 6 HR PRN P.O.								
START: 5/14/03 3:40	STOP: 8/11/03 24:00								
PO/IM	PRN#								
	7								

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX	
STASKO, STANLEY	MH	451	B	033Y	KG		M	
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD			
688916	6346842	JAMIL, SHAHID			5/21/03 7:01 - 5/22/03 7:00			
DIAGNOSIS		ALLERGIES			MEDICATION/ADMINISTRATION DATES			
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01- 7:00	
VITAMINS. MULTIPLE		900						
1TAB ONCE DAILY P.O.								
START: 5/18/03 15:39 STOP: 8/16/03 9:00								
MED#								
12								
RISPERDAL TABLET RISPERIDONE TAB		900						
3MG=1TAB ONCE DAILY H.S P.O.								
START: 5/20/03 9:00 STOP: 8/17/03 9:00								
MED#								
13								
VITAMIN B-12 INJ.. CYANOCOBALAMIN							** NO DOSES DUE T	ODAY
1000MCG=1ML ONE TIME ONLY I.M.								
START: 5/22/03 9:00 STOP: 5/22/03 9:00								
ON 5/20 AND 5/22 MED#								
16								
ZOLOFT TAB.. SERTRALINE TAB.		1800						
50MG=1TAB EVERY EVENING P.O. <i>P dinner</i>								
START: 5/20/03 18:00 STOP: 8/17/03 18:00								
MED#								
17								
TYLENOL TABLET ACETAMINOPHEN T								
650MG-2TAB EVERY 4 HR PRN P.O.								
START: 5/14/03 3:38 STOP: 8/12/03 1:00								
FOR HEADACHE PRN#								
1								
MILK OF MAGNESIA CONCENTRATE					*PRN*			
10ML AS NEEDED P.O.								
START: 5/14/03 3:38 STOP: 8/12/03 1:00								
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN#								
2								
MAALOX PLUS SUSP.					*PRN*			
30ML QID PRN P.O.								
START: 5/14/03 3:38 STOP: 8/11/03 21:00								
TAKE AS NEEDED 4 TIMES A DAY PRN#								
3								
ATIVAN INJ.. LORAZEPAM INJ.								
1MG=0.5ML EVERY 6 HR PRN I.M.								
START: 5/14/03 3:38 STOP: 5/23/03 24:00								
IM/PO PRN#								
4								
ATIVAN TAB.. LORAZEPAM TAB.								
1MG=1TAB EVERY 6 HR PRN P.O.								
START: 5/14/03 3:39 STOP: 5/23/03 24:00								
PO/IM PRN#								
5								
<<< CONTINUED >>>								
()		()		()		()		()
()		()		()		()		()

<<< CONTINUED >>>

S. Fleischman (SI) 11/11/09 (CR)

PATIENT NAME	NS	ROOM	BED	AGE	WEIGHT	M ²	SEX			
STASKO, STANLEY	MH	451	B	033Y	KG		M			
MEDICAL RECORD #	PATIENT AC#	DOCTOR NAME			DOSE PERIOD					
688916	6346842	JAMIL, SHAHID			5/22/03 7:01 - 5/23/03 7:00					
DIAGNOSIS		ALLERGIES			MEDICATION ADMINISTRATION DATES					
PSYCHOTIC DISORDER		NO KNOWN DRUG ALLERG			7:01-15:00	15:01-23:00	23:01-7:00			
VITAMINS. MULTIPLE					TIME	SITE INITIAL	TIME	SITE INITIAL	TIME	SITE INITIAL
1TAB ONCE DAILY P.O.					900	SL				
START: 5/18/03 15:39 STOP: 8/16/03 9:00										
MED#										
12										
VITAMIN B-12 INJ. CYANOCOBALAMIN					900	IM SF				
1000MCG=1ML ONE TIME ONLY I.M.										
START: 5/22/03 9:00 STOP: 5/22/03 9:00										
ON 5/20 AND 5/22										
MED#										
16										
ZOLOFT TAB., SERTRALINE TAB.						1800	AD			
50MG=1TAB EVERY EVENING P.O.										
START: 5/20/03 18:00 STOP: 8/17/03 18:00										
MED#										
17										
RISPERDAL TABLET, RISPERIDONE TAB						2200	CP			
3MG=1TAB AT BED TIME P.O.										
START: 5/21/03 22:00 STOP: 8/18/03 22:00										
MED#										
18										
TYLENOL TABLET. ACETAMINOPHEN T										
650MG=2TAB EVERY 4 HR PRN P.O.										
START: 5/14/03 3:38 STOP: 8/12/03 1:00										
FOR HEADACHE PRN#										
1										
MILK OF MAGNESIA CONCENTRATE						* PRN*				
10ML AS NEEDED P.O.										
START: 5/14/03 3:38 STOP: 8/12/03 1:00										
PRN CONSTIPATION: 10ML CONC=30ML REGULAR PRN#					2	✓				
MAALOX PLUS SUSP.						* PRN*				
30ML QID PRN P.O.										
START: 5/14/03 3:38 STOP: 8/11/03 21:00										
TAKE AS NEEDED 4 TIMES A DAY PRN#					3	✓				
ATIVAN INJ., LORAZEPAM INJ.										
1MG=0.5ML EVERY 6 HR PRN I.M.										
START: 5/14/03 3:38 STOP: 5/23/03 24:00										
IM/PO PRN#					4	✓				
ATIVAN TAB., LORAZEPAM TAB.										
1MG=1TAB EVERY 6 HR PRN P.O.										
START: 5/14/03 3:39 STOP: 5/23/03 24:00										
PO/IM PRN#					5	✓				
<<< CONTINUED >>>										
										

MEDICATION ADMINISTRATION RECORD



DEPARTMENT OF PSYCHIATRY

INTERDISCIPLINARY TEAM INITIAL TREATMENT PLAN

1-434584 PSY 51403
 0689 0669 33Y
 STASKO, STANLEY
 JANIL, SHAHID H E
 JANIL, SHAHID

Date Of Admission: 5/14 19 2003Date Of Conference: 5/20 19 03Diagnoses: Axis I: Schizoaffective DisorderAxis II: NoneAxis III: None

Axis IV: Support Group Social Environment Educational Problems
 Occupational Problems Housing Problems Economic Problems
 Legal System/Crime Access to Health Care Services

Axis V: GAF Score: Current: 50 Highest In Past Year: _____

Additional Important Information obtained since admission, such as information regarding physical health; cultural, spiritual, family/social, legal; changes in mental status; etc.:

Pt appears to be doing better, = Respected + 2 off. Voices ↓. Denies thoughts of hurting self.

Expected Length Of Stay: 10 days

Problem number	Problem	Severity* at time of admission	Severity* on day of conference	Goals/ Nursing objectives	Estimated time to resolution	Actual date resolved	
1	Potential for self injury Act attempting to dig out her inguinal	10	2	Pt. will be taught where to dig out + be given to helpful thoughts by time of discharge	10-14 Days		
2	Delusion in thought process AEB process	10	5	Pt. will be taught how to respond to external stimuli by Dr. Therefore to avoid social isolation	10-14 Days		
3	Altered sensory perception	10	5				INITIAL TREATMENT PLAN

*Severity: 0 None 10 Severe

Specific Treatment Interventions:

Problem Number(s)	Treatment Services	Frequency	Discipline/Person Responsible
# 1, 2, 3	<input type="checkbox"/> Individual Psychotherapy <input type="checkbox"/> Medication Management <input type="checkbox"/> Family Therapy	Daily	Psychiatry
# 1, 2, 3	<input type="checkbox"/> Group Therapy <input type="checkbox"/> Family Therapy / Family Support <input type="checkbox"/> Placement Issues	Daily	Social Work
# 1, 2, 3	<input type="checkbox"/> Leisure Education <input type="checkbox"/> Social Skills <input type="checkbox"/> Community Reintegration <input type="checkbox"/> Stress Management	5 Days/week	Recreational Therapy
# 1, 2, 3	<input type="checkbox"/> Workshop <input type="checkbox"/> ADL <input type="checkbox"/> Cognitive Skills <input type="checkbox"/> Creative Arts	5 Days/week	Occupational Therapy
# 1, 2, 3	<input type="checkbox"/> Medication Education <input type="checkbox"/> Positive Mental Health <input type="checkbox"/> Nursing Groups: _____	Daily	Nursing
	<input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Other: _____		<input type="checkbox"/> Psychology <input type="checkbox"/> Other: _____

INITIAL TREATMENT PLAN

Post-Discharge Follow-up Plans:

Psychiatrist: _____

Therapist/Clinic: Easter Seals _____

Support Group(s): _____

Day Hospital, at: _____

Other: To stay in Seals temporarily. Discharge after Thursday or Friday.

Patient/Legal Guardian's Response To Treatment Plan:

Re involuntary but agreeable to TV.

Date Of Next Conference: 5/27 2003

Team Members Present During Conference:

Shalini Duri
Psychiatrist

S. L. Johnson
Nurse

Susan John Wildman
Social Work

Psychology

J. Mashi
Occupational Therapy

Recreational Therapy

INITIAL TREATMENT PLAN

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY

TREATMENT PLAN REVIEW CONFERENCE



Date Of Review Conference: 19

Diagnosis Axis I:

Current Status Of Problems:

Problem Number	Severity*	Status**	Date Resolved / Initiated	Changes in Plan

*Severity: 0 10 10
None Severe

** Status: Resolved / Changed / Initiated

Medication Adjustments, Patient Response And Progress: _____

Changes In Discharge/Aftercare Plan: No
 Yes (Reasons for change): _____

Estimated Date Of Discharge: _____ 19 _____

Patient/Legal Guardian Response: _____

Team Members Present During Conference:

Psychiatrist

Nursing

Social Work

Psychology

Occupational Therapy

Recreational Therapy

488916 30669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

To be reviewed with the patient after each Interdisciplinary Treatment Conference, held weekly.

WEEK 1 (5/20/03)
 DATE

Status:

- Remains unchanged
- Slight improvement
- Moderate improvement

Plan:

- Unchanged/further assessment
- Medication adjustment
- (other) 1201 of + to 50mg Daily

Discharge issues: none (indicate) _____

Precautions:

- Type IV
- Type III
- Type II

S. B. Srinivas

Staff signature

Janay Nichols

Patient signature

WEEK 2 ()
 DATE

Status:

Plan:

Precautions:

- Remains unchanged
- Slight improvement
- Moderate improvement

- Unchanged/further assessment
- Medication adjustment
- (other) _____

Discharge issues: none (indicate) _____

- Type IV
- Type III
- Type II

Staff signature

Patient signature

WEEK 3 ()
 DATE

Status:

Plan:

Precautions:

- Remains unchanged
- Slight improvement
- Moderate improvement

- Unchanged/further assessment
- Medication adjustment
- (other) _____

- Type IV
- Type III
- Type II

Discharge issues: none (indicate) _____

Staff signature

Patient signature

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY

STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

INITIAL PSYCHIATRIC ASSESSMENT

Name: Stanley Stasko

Date Of Admission: 5/14/03

Voluntary: Yes No

Identifying Data:

33 yrs old w/ spot

Admitted From:

Emergency Room Psychiatrist Office Primary Care Physician Referral CMH In-house transfer:
 The Center Other:

Reason For Admission:

Potential danger to self Potential danger to others Destructive of property
 Unable to take of self Failure of out-patient treatment Other:

History of Present Illness:

Pt is dx of "bizarre behavior" for 3 yrs per family, has been hearing voices that told him to gouge out his eye & he attempted to do so on 5/12. Yesterday he went to see a Catholic priest & was acting bizarrely, so was sent to Oakwood Hoag ER. He has been religiously preoccupied

Treatment Prior to Admission:

Last seen: 19 How often seen? _____ By: _____

Case Management Phone contacts _____ By: _____

Medication Changes: Medication: _____ Dosage Increased/ From _____ to _____

Decreased _____

Medications:

Name: none Dosage: _____ Duration: _____ Physician: _____

History of Past Illness And Treatment:

slowly decompensating into
psychosis, no Rx

History of Alcohol/Drug Abuse & Treatment:

none

Physical Health / Diet:

in good health

Date of LMP: _____ 19 _____

Family/Social/Work History:

lives by himself
engineer by trade, has not
worked 2 yrs
sister dx as Bipolar

SASSKO, STANLEY

JAMIL, SHAHID

M F

JAMIL, SHAHID

Other Pertinent Information:**Sleep Disturbance:**

None Total sleep: 6 hrs
 Difficulty initiating sleep
 Difficulty maintaining sleep
 Terminal Insomnia
 Hypersomnia Parasomnia
 Other:

Sexual Disturbance:

None
 Decreased sexual desire
 Erectile dysfunction (male)/ frigidity (female)
 Ejaculatory dysfunction
 Orgasmic dysfunction
 Paraphilic

Describe:

Appetite Disturbance:

None Actual weight gain / loss of _____ lbs
 Anorexia, mild, weight loss < 5 lbs
 Anorexia, moderate, weight loss 5-15 lbs
 Anorexia, severe, weight loss > 15 lbs
 Hyperphagia
 Bulimia Purging Binge eating
 Other:

Impulsivity:

Normal
 Very controlled
 Occasional, mild, able to correct self
 Moderate, unable to postpone gratification
 Severe, definite problem
 No information

Describe:

Degree Of Impairment As A Result Of Present Illness:Work/School: None Mild Moderate Severe No information/Not applicableFamily/Peers: None Mild Moderate Severe No information

Describe:

Suicide Risk:

None
 Ideations Intention
 Plans:

Risk of Violence Towards Others:

None
 Ideations Intention
 Plans:

 Attempted suicide before admission by: Violence before admission:*Sleep* Past history of suicide attempt(s): Past history of violence: Not suicidal, but behavior potentially dangerous to self: Provoking violence in others towards self: Too psychotic/depressed (circle one) to be able to formulate and carry out a suicide plan Family history of violence: Family history of suicide:**History Of Abuse:** None Yes: Verbal Physical Sexual Victim Perpetrator

Describe:

Ability To Relate (Object Relationships):

- No impairment
- Mild impairment, has become selective, transient difficulty, but able to function
- Moderate impairment, difficulty relating and/or sustaining relationships
- Severe impairment, almost totally incapable of relating
- Poor object choice:

No information

Mental Status:

Appearance, Attitude And General Behavior:

neatly dressed & groomed, very formal & rigid

Psychomotor Activity:

↓

Mood And Affect:

anxious

Speech And Language:

Speech understandable, long-winded circumstantial thought blocking
Occasional looseness of assoc

Thought Content:

see p 1

Perceptual Disturbances:

see p 1

Orientation:

Time:

Place:

Person:

Memory:

intact

Insight:

poor

Judgement:

impaired

Intellectual Capacity (IQ, If known):

1 634584 51403
 688915 60669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Diagnoses:Axis I: Psychosis NOSAxis II: noneAxis III: afyAxis IV: Support Group Social Environment Educational Problems Occupational Problems
 Economic Problems Access To Health Care Services Legal System/Crime Housing ProblemsAxis V: GAF Score Current: 25 Highest In Past Year: _____**Treatment Plan:**Anticipated Length Of Stay: 7-10 days**Goals:**

present dangerous acting out
 ↓ psychosis

Plans For Treatment To Achieve Above Goals: Physical and neurological evaluation, by Dr Ana Laboratory tests: Precautions/Level of care: Dual Diagnosis Track Gero-psych track Medications: Individual psychotherapy/ Medication Management: Supportive Cognitive Interpersonal Other: _____ Group therapy Patient not appropriate for group therapy at this time Occupational Therapy Patient not appropriate for OT at this time Recreational Therapy Patient not appropriate for RT at this time Social Work Consult, regarding: Social history/Update Information from family
 Placement Issues After-care Information from (out-patient) treating agency
 Family therapy Conjoint session with spouse/significant other Psychological testing, regarding : Milieu approach: Supportive Firm limit-setting Discourage stimulation Encourage ventilation Structured Reality Orientation
 Therapeutic contract Other:**Post-discharge Follow-up Plans:**

to be arranged

Stanley J. StaskoDate: 5/14/03 48

North Oakland 
 MEDICAL CENTERS
 DEPARTMENT OF PSYCHIATRY

1 6344827 7 51403
 669910 43669 334
 STASIO, STANLEY
 JARIL, GRANLO
 JEBIL, GRANLO

INITIAL NURSING ASSESSMENT

Please check:

Consent form signed Rights read to patient Admitted from: OAKWOOD HOSPITAL Smoking policy
 Visiting hours Unit rules Telephone Confidentiality Advanced directive; if 'no', info given: Yes No

Date: 5-14-03 19

Time: 0130 AM PM

Voluntary: Yes No

Diet: Prey

Handicap:

Allergies: WKA

Allergen

Reaction

Allergen

Reaction

Psychiatric History:

Reason for hospitalization (including major stressors in patient's life):

Pt. has no job but cox
 psych credits as is on no mes. Now stated pt. started
 robbing anyone 3 yrs ago after account died. Has
 3 master level degrees including one in Engineering but
 has been unemployed for 3 yrs. Pt. stated God voices
 told him yesterday to dig out his eyeballs & his fingers &
 he did. Eyes are red. Very paranoid & guarded. Also
 very religiously preoccupied.

Current medications, including non-prescription drugs:

Name	Dose/Schedule	Physician	Last dose	<input type="checkbox"/> Take regularly
<u>No mes</u>				<input type="checkbox"/> Take regularly
				<input type="checkbox"/> Take regularly
				<input type="checkbox"/> Take regularly
				<input type="checkbox"/> Take regularly

History of substance abuse:

Name of drug	Quantity/Frequency	Age started using	Last used
Dexer	ADS - Neg		

Treatment:

AA NA

Danger to self (describe how): yes - voices telling him to harm himself How long? How often?

Danger to others (describe how): No

Past history of suicidal/homicidal behaviour: No

Family history of medical problems: No

Family history of emotional problems: Grandfather - psychosis
Sister - anxiety disorder

Past history of psychiatric treatment:

Psychiatrist: YA How often: _____ Last seen: _____

Clinic: _____ Therapist: _____ Last seen: _____

Age of onset of symptoms: 3 yrs ago Age first sought treatment: low Number of hospitalizations: 0

Hospital	Date	Psychiatrist	Reason for hospitalization
<u>No past admissions</u>			

Mood: Depressed Euphoric Irritable Angry Inappropriate Guilt Friendly Anxious
 Apathetic Calm Passive Detached Hostile Fearful Other: _____

Psychomotor activity: Agitated Hyperactive Restless Relaxed Withdrawn Uncoordinated
 Grimaces/Tics Bizarre posturing Other: _____

Thought process: Oriented: Time Place Person Describe abnormal responses: _____

Coherent Confused Disorganized Delusional Grandiose Paranoid
 Loose associations Flight of Ideas Obsessions Compulsions

Speech Pattern: Clear Unintelligible Slurred Pressured Hyperverbal Hypoverbal Mute
 Fragmented Aphasic Other: _____

Hallucinations: None Auditory Visual Tactile Olfactory

Describe: Voices telling him to "bulge out his eyeballs."
Very religiously preoccupied

Delusions: Voices told him to go to a catholic church to talk to a priest that pt. did not even know.

Memory: Short-term WIC Long Term WIC

Concentration: Short attention span

Appearance: Normal Sad Angry Good eye contact Poor eye contact Inappropriate laughter/grin
 Tense

Hygiene: Neat Clean Well groomed Disheveled Unclean Odor

Sleep patterns: Difficulty falling asleep Interrupted sleep Waking up too early Naps Hypersomnia

Number of hours _____ /24° Sleep aids: _____ How often? _____

Nightmares Other: _____

Nutrition:

Recent changes: Loss of appetite Eating / snacking excessively Carbohydrate craving

History of: Anorexia Bulimia Binge-eating Laxative abuse "Diet-pill" abuse Preoccupation with weight

Diet preferences/restrictions: pegs Weight gain / loss: _____ lbs Nausea / Vomiting

Food intolerance / allergy: DA Difficulty chewing / swallowing

Oral Mucosa: Dry Moist lesions (describe): _____

Teeth: Dentures: Upper Lower Missing teeth Other

Skin: Intact Poor turgor Areas of redness Ulcers / lesions Other (describe): _____

Medical History:

Family Physician: _____ Last seen: _____ For: _____

Gynecologist: _____ Other MDs seen: _____

3/8: 98 °F, 84, 18 BP: 138/80 mmHg Height: 6' Weight: 151

Elimination/Bowel: No problem Constipation Diarrhea Pain Bleeding Hemorrhoids

Laxative use Incontinence Last bowel movement: _____ Ostomy: _____

Elimination/Urinary: No problem Burning Pain Incontinent Increased frequency Catheter: _____

Sexuality/Reproductive: LMP: _____ Menstrual problems: _____

Hysterectomy: _____ 19 _____ Post-menopausal Date of last Pap smear: _____ 19 _____

Penile/Vaginal discharge History of STD Sexually active Birth control: _____

Any sexual concerns/problems due to illness/medications: _____

Current medical problems: None

Past history of: Hypertension Diabetes Cardiac Renal Respiratory Thyroid Gastro-Intestinal
 Frequent UTI Strokes Cancer Arthritis Headaches Edema Hemorrhoids
 Pace-maker Frequent URI Seizures; date of last seizure: _____ Other: _____

Smoker: NA packs/day, _____ years

Significant surgeries, medical hospitalizations, and diagnostic studies: _____
None

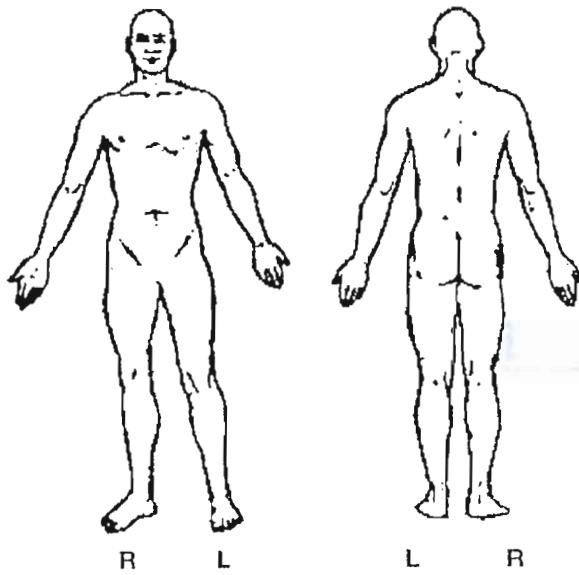
Were you followed by a home health care agency prior to admission? No
 Yes

Name of agency: _____

Injuries (indicate on figure):

Bruises Abrasions Scars Cuts Self inflicted

Describe: _____



Activities of daily living: Independent Needs assistance (describe): _____

Primary care giver: _____

Describe level of functioning prior to admission: clear becoming very paranoid & delusional

Safety: History of falling Dizziness Fainting spells Orthopedic appliances Impaired vision
 Impaired hearing Hearing aid Glasses/contact lenses Sleep walking Postural hypotension

JAMIL SHAHID

JAMIL SHAHID

Gait/Balance: Steady UnsteadyAmbulatory aides: None Cane Walker Wheel chair**Discharge Screening:**Patient lives: Alone With spouse / S.O. With children AFC Home Nursing HomePatient: will will not be able to return to above. Initiate placement referral to Social Work.Ability to provide self-care: Independent Partially dependent Dependent No transportationSupport system: Spouse/S.O. Children Parents Relatives Friends Children Support Group
 Therapist Psychiatrist *Mom - Sibling*Out-patient Follow-up: With: Dr. _____ AA NA Al-Anon To be developed Clinic: _____ Therapist / Case Manager: _____ Support Group: _____**Additional Information:****Nursing Diagnosis / Goals:***Potential for self injury**alteration in thought process**J. Vitek*

Nurse Signature

5-14-03

19

Date

INITIAL NURSING ASSESSMENT

STASKO, STANLEY

JAMIL, SHAHID

JAMIL, SHAHID

M F

NORTH OAKLAND MEDICAL CENTERS
461 W. HURON
PONTIAC, MI 48341

DRAFT

Occupational Therapy Assessment
Department of Psychiatry

Patient Name STASKO, Stanley Sex Male Female

DOB 10-16-69 Age 39

Diagnosis Psychosis NOS

History Pt. wt. of acting bizarrely x 3 yrs. Voices told him to dig out his eyeballs & his fingers. He attempted to do so m 5-12-03.

Safety Issues Potential for harm to self

Living Situation Pt. lives alone.

Leisure Interests None Stated.

Occupational/Work Skills/Roles Pt. is unemployed.

COGNITIVE FUNCTION

A & O x 3, 2, 1 Confused Forgetful Slow to learn
 Hallucinating Delusional Preoccupied

Paranoid, very grandiose.

MOOD/AFFECT

Depressed Elated Labile Hostile
 Angry Flat Blunted

ATTENTION SPAN

Preoccupied/Distracted On task Restless Attentive with prompts
 Requires 1:1 attention to remain on task

Refusing OT groups.

INTERPERSONAL SKILLS

Participates actively Quiet, withdrawn in group/on unit
 Participates with prompts Overly talkative/interruptive
 Maintains eye contact Cooperates well with others
 Does not maintain eye contact

ACTIVITIES OF DAILY LIVING/PERSONAL APPEARANCE

Neat and clean Unkempt Dressing: Street Clothes Hospital Clothes
 Odor Odor free

Wear shirt & tie & dress shoes.

48891- 50669 33Y
STASKO, STANLEY

JAKIL, SHAHID K F

NORTH OAKLAND MEDICAL CENTERS

Occupational Therapy Evaluation-Department of Psychiatry (page 2)

Identified Strengths

A&O x 3 Neat and clean personal appearance
 Verbal Appropriate affect Organized thinking
 Support system Able to make wants and needs known

Identified Problem Areas

Depressed mood with flat affect ↓ Reality Orientation ↓ Attention span
 ↓ Interaction skills ↓ Personal appearance ↓ Coping Skills
 ↓ Self-Esteem ↓ Organized thinking ↓ Support system
 ↓ Goal-setting skills ↓ Isolative behavior Angry mood
 Hallucinating Delusional thinking ↓ Hygiene
 Paranoid ✓ Very guarded

Patients Stated Goals

None Stated

Treatment Plan

Offer and encourage participation in OT groups to work on ↑ mood & affect,
 ↑ interaction skills, ↓ Hallucinating & Paranoid thinking,
 ↑ involvement in unit milieu, & ↑ coping skills,
 ↑ attention span, ↑ Reality Orientation

Treatment Goals

1. Pt. will have ↑ Reality Orientation.
2. Pt. will have ↑ organized thinking - ↓ Paranoid thinking.
3. Pt. ↑ involvement in unit milieu & attend 4 OT groups/wk.
4. Pt. will attend to task x 15 mins. c 3 verbal prompts
5. Pt. will interact c peers when approached init 2 interactions c peers.

Tracey Marshoir
Therapist

5-15-03
Date



PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

1634584 PSY 51403
688916 0669 33Y
STASKO, STANLEY
JAMIL, SHAHID
JAMIL, SHAHID
MF
Stasko, Stanley

BARRIERS TO LEARNING:					
<input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Motivation <input type="checkbox"/> Religious Practices <input type="checkbox"/> Psychological Factor <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Speech <input type="checkbox"/> Literacy <input type="checkbox"/> None					
Group Topic/ Discipline:	Start Time	1100	am / pm	# of Participants	9
	End Time	1145	am / pm		
Group Type	Intervention			Evaluation	
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques			<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Fearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
Group Leader				Progress to Objectives	
				<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____	
Group Topic/ Discipline:	Start Time	2000	am / pm	# of Participants	10
	End Time	2030	am / pm		
Group Type	Intervention			Evaluation	
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques			<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Fearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
Group Leader				Progress to Objectives	
				<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____	
Group Topic/ Discipline:	Start Time	0900	am / pm	# of Participants	16
	End Time	0930	am / pm		
Group Type	Intervention			Evaluation	
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques			<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Fearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
Group Leader				Progress to Objectives	
				<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____	
Group Topic/ Discipline:	Start Time	1015	am / pm	# of Participants	19
	End Time	1100	am / pm		
Group Type	Intervention			Evaluation	
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques			<input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Fearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
Group Leader				Progress to Objectives	
				<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____	
Group Topic/ Discipline:	Start Time	1100	am / pm	# of Participants	12
	End Time	1145	am / pm		
Group Type	Intervention			Evaluation	
<input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques			<input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Fearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
Group Leader				Progress to Objectives	
				<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____	

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68915 30569 33Y
STARKEY, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

Group Topic/ Discipline:	Start Time 2000 am / pm	# of Participants 13
	End Time 2030 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Wrap Up Unit</u> Date <u>5/21/03</u>	
Group Topic/ Discipline:	Start Time 0930 am / pm	# of Participants 13
	End Time 1000 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Q. Entropy Unit</u> Date <u>5-22-03</u>	
Group Topic/ Discipline:	Start Time 1015 am / pm	# of Participants 6
	End Time 1100 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Setting Unit</u> Date <u>5-22-03</u>	
Group Topic/ Discipline:	Start Time 1100 am / pm	# of Participants 8
	End Time 1140 am / pm	
Group Type	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Setting Unit</u> Date <u>5-22-03</u>	
Group Topic/ Discipline:	Start Time 1200 am / pm	# of Participants 13
	End Time 1400 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Social Skills Unit</u> Date <u>5-22-03</u>	
Group Topic/ Discipline:	Start Time 1015 am / pm	# of Participants 7
	End Time 1100 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Social Skills Unit</u> Date <u>5-22-03</u>	
Group Topic/ Discipline:	Start Time 1015 am / pm	# of Participants 7
	End Time 1100 am / pm	
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques	
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group	
	Group <u>Bowling Unit</u> Date <u>5-22-03</u>	



PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

BARRIERS TO LEARNING:			
<input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Motivation <input type="checkbox"/> Religious Practices <input type="checkbox"/> Psychological Factor <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Speech <input type="checkbox"/> Literacy <input type="checkbox"/> None			
Group Topic/ Discipline:	Start Time <i>10:00</i>	am / pm	# of Participants <i>9</i>
Group Type	Intervention <ul style="list-style-type: none"> <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Progress to Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms 		
Group Leader	<i>Stanley Janil</i>		
	Date <i>5/17/03</i>		
Group Topic/ Discipline:	Start Time <i>1800</i>	am / pm	# of Participants <i>10</i>
Group Type	Intervention <ul style="list-style-type: none"> <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Progress to Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms 		
Group Leader	<i>Stanley Janil</i>		
	Date <i>5-17-03</i>		
Group Topic/ Discipline:	Start Time <i>10:00</i>	am / pm	# of Participants <i>13</i>
Group Type	Intervention <ul style="list-style-type: none"> <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Progress to Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms 		
Group Leader	<i>Stanley Janil</i>		
	Date <i>5/18/03</i>		
Group Topic/ Discipline:	Start Time <i>1800</i>	am / pm	# of Participants <i>15</i>
Group Type	Intervention <ul style="list-style-type: none"> <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Progress to Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms 		
Group Leader	<i>Stanley Janil</i>		
	Date <i>5-18-03</i>		
Group Topic/ Discipline:	Start Time <i>0910</i>	am / pm	# of Participants <i>10</i>
Group Type	Intervention <ul style="list-style-type: none"> <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group Progress to Objectives <ul style="list-style-type: none"> <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms 		
Group Leader	<i>Stanley Janil</i>		
	Date <i>5-19-03</i>		

Group Topic/ Discipline:	<i>fitness</i>	Start Time 1:00 am / pm	# of Participants 13
End Time 1:45 am / pm			
Group Type	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____		
	Group <i>Spring Weavers (8)</i> Date <i>5/19/03</i>		
Group Topic/ Discipline:	<i>feelings</i>	Start Time 1:00 am / pm	# of Participants 15
End Time 1:45 am / pm			
Group Type	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____		
	Group <i>Spring Weavers (8)</i> Date <i>5/19/03</i>		
Group Topic/ Discipline:		Start Time 2:00 am / pm	# of Participants 17
End Time 2:30 am / pm			
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____		
	Group <i>Spring Weavers (8)</i> Date <i>5/19/03</i>		
Group Topic/ Discipline:	<i>relax</i>	Start Time 2:00 am / pm	# of Participants 15
End Time 2:30 am / pm			
Group Type	Intervention <input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____		
	Group <i>Spring Weavers (8)</i> Date <i>5/19/03</i>		
Group Topic/ Discipline:	<i>Art Class</i>	Start Time 09:00 am / pm	# of Participants 7
End Time 09:30 am / pm			
Group Type	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <i>Helpful to you</i> <i>way reading material</i>		
	Group <i>Art Class</i> Date <i>5/20/03</i>		
Group Topic/ Discipline:	<i>Proud feelings</i>	Start Time 10:15 am / pm	# of Participants 11
End Time 11:00 am / pm			
Group Type	Intervention <input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		
	Evaluation <input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
	Progress to Objectives <input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: _____		
	Group <i>Proud feelings</i> Date <i>5/20/03</i>		



PSYCHIATRY DEPARTMENT CLINICAL GROUP NOTES

1 634686 4 FSY 51403
688915 40669 33Y
STASKO, STANLEY
JAMIL, SHAHID M F
JAMIL, SHAHID

BARRIERS TO LEARNING:					
<input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Education <input type="checkbox"/> Culture <input type="checkbox"/> Motivation <input type="checkbox"/> Religious Practices <input type="checkbox"/> Psychological Factor <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Speech <input type="checkbox"/> Literacy <input type="checkbox"/> None					
Group Topic/ Discipline:	Start Time	0900	am / pm	# of Participants	10
	End Time	0930	am / pm		
Group Type	Intervention		Evaluation		Progress to Objectives
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input checked="" type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input checked="" type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments: <i>tried not state</i> <i>a goal</i>
Group Leader			Date		5-14-03
Group Topic/ Discipline:	Start Time	1100	am / pm	# of Participants	11
	End Time	1130	am / pm		
Group Type	Intervention		Evaluation		Progress to Objectives
<input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader			Date		5-14-03
Group Topic/ Discipline:	Start Time	2000	am / pm	# of Participants	14
	End Time	2030	am / pm		
Group Type	Intervention		Evaluation		Progress to Objectives
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader			Date		5-14-03
Group Topic/ Discipline:	Start Time	6:30	am / pm	# of Participants	15
	End Time	0930	am / pm		
Group Type	Intervention		Evaluation		Progress to Objectives
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader			Date		5-15-03
Group Topic/ Discipline:	Start Time	10:00	am / pm	# of Participants	15
	End Time	10:45	am / pm		
Group Type	Intervention		Evaluation		Progress to Objectives
<input checked="" type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input checked="" type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Leader			Date		5-15-03

1 534684 11/11/09 51403
 658911 40669 334
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

Group Topic/ Discipline:	Bowling		Start Time 1015 am / pm	# of Participants 8	
Group Type	Intervention		Evaluation		
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input checked="" type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	J Marsh		Date 5-14-03		Progress to Objectives
<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:					
Group Topic/ Discipline:	Self Help		Start Time 1115 am / pm	# of Participants 9	
Group Type	Intervention		Evaluation		Progress to Objectives
<input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		<input checked="" type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
Group Topic/ Discipline:	Self Help		Date 5-15-03		J Marsh
Group Topic/ Discipline:	Stress management		Start Time 1000 am / pm	# of Participants 15	Progress to Objectives
Group Type	Intervention		Evaluation		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
<input type="checkbox"/> Focus/Reality Orientation <input checked="" type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	Self Help		Date 5-16-03		J Marsh
Group Topic/ Discipline:	Crafts		Start Time 1100 am / pm	# of Participants 9	Progress to Objectives
Group Type	Intervention		Evaluation		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	Self Help		Date 5-16-03		had to leave
Group Topic/ Discipline:	Self Esteem		Start Time 2000 am / pm	# of Participants 10	Progress to Objectives
Group Type	Intervention		Evaluation		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	Self Help		Date 5-16-03		Self esteem
Group Topic/ Discipline:	Self Esteem		Start Time 2030 am / pm	# of Participants 10	Progress to Objectives
Group Type	Intervention		Evaluation		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	Self Help		Date 5-16-03		Self esteem
Group Topic/ Discipline:	Self Esteem		Start Time 1830 am / pm	# of Participants 8	Progress to Objectives
Group Type	Intervention		Evaluation		<input type="checkbox"/> Verbalized understanding of topic <input type="checkbox"/> Verbalized insight into symptoms/illness <input type="checkbox"/> Verbalized improvement in symptoms Comments:
<input type="checkbox"/> Focus/Reality Orientation <input type="checkbox"/> Educational/Didactic <input type="checkbox"/> Relaxation Group <input type="checkbox"/> Community Group <input checked="" type="checkbox"/> Wrap Up Group <input type="checkbox"/> Exercise Group <input type="checkbox"/> Other <input type="checkbox"/> Refused Attendance	<input checked="" type="checkbox"/> Provide Support <input type="checkbox"/> Provide Written Info <input type="checkbox"/> Provide Video <input checked="" type="checkbox"/> Encouraged Participation <input type="checkbox"/> Set Limits/Allowed Ventilation <input type="checkbox"/> Excused from group / pt inappropriate <input type="checkbox"/> Provide relaxation music / techniques		<input type="checkbox"/> Quiet, but attentive/withdrawn <input type="checkbox"/> Inattentive/distracted/restless <input checked="" type="checkbox"/> Participating with prompts/actively participating <input type="checkbox"/> Hostile/Tearful/Fearful/Guarded <input type="checkbox"/> Depressed affect <input type="checkbox"/> Psychotic symptoms <input type="checkbox"/> Restless/Anxious/Left Group		
Group Topic/ Discipline:	Self Help		Date 5-16-03		Self esteem

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	5/93/03	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SHIFT										
SPECIAL PRECAUTIONS	I	I								
BP LYING/SITTING	118 70									
BP STANDING	111 59									
TEMPERATURE	96.9									
PULSE	67/ 69									
RESPIRATIONS										
FBS										
RBS										
WEIGHT										
LABS/TESTS										
BATH/SHOWER	Shower 100%									
% EATEN/DIET/REFUSED										
PHYSICIAN VISITS	Spiral									
NURSING GROUP										
OT										
RT										
GT										
NURSING SIGNATURE										

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SHIFT									
SPECIAL PRECAUTIONS									
BP LYING/SITTING									
BP STANDING									
TEMPERATURE									
PULSE									
RESPIRATIONS									
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER									
% EATEN/DIET/REFUSED									
PHYSICIAN VISITS									
NURSING GROUP									
OT									
RT									
GT									
NURSING SIGNATURE									

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	5-28-03			5/31/03			5/31/03		
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	II	II	II	II	II	II	II	II	II
BP LYING/SITTING	94/55	114/64		115/55	113/59		115/68		
BP STANDING	100/58	112/69		121/63	111/66		113/62		
TEMPERATURE	98.9	97.9		97.8	98.1		97.3		
PULSE	↑ 81	↑ 76		↑ 70	↑ 68		↓ 74		
	↓ 70	↓ 66		82	↓ 62		↓ 74		
RESPIRATIONS		18			18				
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER									
% EATEN/DIET/REFUSED	100%	100%			100%		100%		
PHYSICIAN VISITS									
NURSING GROUP									
OT		✓			✓				
RT									
GT		✓							
NURSING SIGNATURE									

1 634684 FSY 51403
698916 0669 33YNORTH OAKLAND MEDICAL CENTERS STASKO, STANLEY
DEPARTMENT OF PSYCHIATRY JANIL, SHAHID M F
NURSING INTERVENTION FLOW RECORD JANIL, SHAHID

DATE	5/17			5/18			5/19		
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	II			II	II		II	II	
BP LYING/SITTING	131 68			91 59			101 61		
BP STANDING	128 78			90 56			116 70		
TEMPERATURE	97.6						97		
PULSE	74/76			73 76			80/82		
RESPIRATIONS	16			18					
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER	Shower						Shower		
% EATEN/DIET/REFUSED	100%			0 100%			100%		
PHYSICIAN VISITS	Jamil						Jamil		
NURSING GROUP									
OT									
RT									
GT					✓			✓	
NURSING SIGNATURE	Shahid	Shower	Shahid	Shahid	Shahid	Shahid	Shahid	Shahid	Shahid

STASKO, STANLEY

K F

SHAHID SHAHID

DEPARTMENT OF PSYCHIATRY

NURSING INTERVENTION FLOW RECORD

DATE	5-14-03			5/15			5-16-03		
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	IV	II		III	II	III	IV	II	II
BP LYING/SITTING	138/80	147/91	132/84	112/53	109/54	109/54	113/57	113/57	113/57
BP STANDING	131/80	116/79	109/57	96/55	102/47	102/47	102/57	102/57	102/57
TEMPERATURE	98.3	97.79	97.9	98.2	97.1	97.1	98.2	98.2	98.2
PULSE	84	100	93/95	85	86/88	86/88	78	82	84
RESPIRATIONS	18		18					20	
FBS									
RBS									
WEIGHT	151								
LABS/TESTS	blood	urine		blood	urine				
BATH/SHOWER									
% EATEN/DIET/REFUSED	100	100	100%	100	100%	100%	100%	100%	100%
PHYSICIAN VISITS	John			John					
NURSING GROUP									
OT									
RT									
GT									
NURSING SIGNATURE									

NORTH OAKLAND MEDICAL CENTERS
DEPARTMENT OF PSYCHIATRY
NURSING INTERVENTION FLOW RECORD

DATE	5/17								
SHIFT	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11
SPECIAL PRECAUTIONS	II								
BP LYING/SITTING									
BP STANDING									
TEMPERATURE									
PULSE									
RESPIRATIONS									
FBS									
RBS									
WEIGHT									
LABS/TESTS									
BATH/SHOWER									
% EATEN/DIET/REFUSED									
PHYSICIAN VISITS									
NURSING GROUP									
OT									
RT									
GT									
NURSING SIGNATURE	<i>Shawna</i>								

NAME: STASKO, STANLEY
MR# : 688916
ACCT: 6346842LOC: MH ROOM: 451B
DR : JAMIL, SHAHIDDOB: 06/06/1969 SEX: M
ADMIT DATE: 05/19/200
DSCH DATE: 05/23/200

***** BASIC METABOLIC PANEL *****

DAY: 3
DATE: 05/16/03
TIME: 0748

NORMAL UNITS

SODIUM	143	135-145	MMOL/L
POTASSIUM	4.1	3.5-5.0	MMOL/L
CHLORIDE	108	98-110	MMOL/L
CO2	32	22-32	MMOL/L

***** COMP METABOLIC PANEL *****

DAY: 1
DATE: 05/14/03
TIME: 0600

NORMAL UNITS

CREAT	0.9	0.7-1.4	MG/DL
CALCIUM	9.2	8.5-10.5	MG/DL
T BILI	0.9	0-1.0	MG/DL
ALBUMIN	4.3	2.8-5.2	G/DL
T PROTEIN	7.1	6.0-8.0	G/DL
GOT	18	8-37	U/L
ALK PHOS	55	50-136	U/L
SODIUM	143	135-145	MMOL/L
POTASSIUM	3.4 L	3.5-5.0	MMOL/L
CHLORIDE	110	98-110	MMOL/L
CO2	27	22-32	MMOL/L
BUN	15	8-23	MG/DL
GLUCOSE	92	65-110	MG/DL
GPT	30	30-65	U/L

***** CHEMISTRY MISCELLANEOUS *****

05/15/03
0600 FOLATE

NG/ML

SEE SEPARATE REPORT (REFERENCE/MISC 5)
"CORRECTED ON 05/17 AT 1438: PREVIOUSLY
REPORTED AS" TEST SENT TO ARUP05/15/03
0600 VITAMIN B12 (179-1132) PG/ML

<<RESULTS CONTINUED ON NEXT PAGE>>

CONTINUED

STASKO, STANLEY
PAGE: 105/24/2003
04:40

MEDICAL RECORDS COPY

NAME: STASKO, STANLEY DOB: 06/06/1969 SEX: M
 M : 688916 LOC: MH ROOM: 451B ADMIT DATE: 05/19/2003
 ACCT: 6346842 DR : JAMIL, SHAHID DSCH DATE: 05/23/2003

***** CHEMISTRY MISCELLANEOUS *****

VITAMIN B12

<<CONTINUED FROM PREVIOUS PAGE>>

SEE SEPARATE REPORT (REFERENCE/MISC 5)
 "CORRECTED ON 05/17 AT 1438: PREVIOUSLY
 REPORTED AS" TEST SENT TO ARUP

***** THYROID STUDIES *****

DAY:	1		
DATE:	05/14/03		
TIME:	0600	NORMAL	UNITS
THYRONINE UPTAKE	43 H	23-40	%
TOTAL T4	6.3	4.5-12.0	UG/DL
FTI	2.7	1.4-4.5	
TSH	3.86	0.34-4.82	uIU/ML

***** SEROLOGY *****

05 5/03 0600 HIV 1/2 ANTIBODY NONREACTIVE (NONR)
 NEG. BY ENZYME IMMUNOASSAY. COMMENT:
 MOST INFECTED PEOPLE DEVELOP ANTIBODIES
 BY 6 WEEKS. RARE INDIVIDUALS NEVER
 DEVELOP ANTIBODIES TO HIV.

05/15/03 0600 RPR/VDRL NONREACTIVE (NONR)
 RPR/VDRL TESTS MEASURE "HETEROPHILE-LIKE"
 ANTIBODIES EVOKED IN LATE PRIMARY AND
 SECONDARY SYPHILIS. FALSE NEGATIVES
 MAY OCCUR IN EARLY SYPHILIS AND IN
 TERTIARY SYPHILIS.

***** CANCELLED TESTS *****

05/17/03 0600 CANCELLED: ELECTROLYTES

<<RESULTS CONTINUED ON NEXT PAGE>>

STASKO, STANLEY
 PAGE: 2

CONTINUED

05/24/2003
 04:40

MEDICAL RECORDS COPY

NAME: STASKO, STANLEY
MR# : 688916
ACCT: 6346842

LOC: MH ROOM: 451B
DR : JAMIL, SHAHID

DOB: 06/06/1969 SEX: M
ADMIT DATE: 05/19/2003
DSCH DATE: 05/23/2003

***** CANCELLED TESTS *****

ELECTROLYTES

<<CONTINUED FROM PREVIOUS PAGE>>

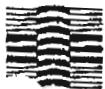
REASON: NO SAMPLE RECEIVED

STASKO, STANLEY
PAGE: 3

END OF REPORT

05/24/2003
04:40

MEDICAL RECORDS COPY



**NORTH OAKLAND MEDICAL CENTERS
RADIOLoGY SERVICES
461 WEST HURON
PONTIAC, MI 48341**

Ph: 248-857-7234
Fax: 248-857-7524

Ordering Physician: SURA, SANDEEP B Med Rec No/Rad No: 688916
Attending Physician: JAMIL, SHAHID Account No: 6346842
Referring Physician: JAMIL, SHAHID Order No: 7642885
Room Number: MH-0450-A Patient Type: I

NAME: STASKO, STANLEY D.O.B. 06/06/69 Age: 033Y Sex: M

C: 00 M: XX

CT OF BRAIN WITHOUT AND WITH CONTRAST EXAM DATE: 05/14/03

CLINICAL INFORMATION: HEADACHE

CT scans of the brain were obtained with and without contrast enhancement. There is no shift of the midline structures. The ventricular system appears normal. There is no evidence of a focal intracranial lesion.

IMPRESSION: NEGATIVE STUDY.

Radiologist: JEHAN BARBAT, M.D.

This document has been reviewed and signed electronically by JAMES M. SWITZER, M.D. on 05/15/2003.

DD: 05/15/03 DT: 05/15/03 1455 \: kkm /: 1036

3

4100116 5/97

CT-SCAN

Radiology Report

100

N Uarkland Med CT

03/10/2003 12:55 FAX 12488577524

STASKO, STANLEY

Fir

(11753) 688916

Male 33 years 06 Jun 1969

Primary Clinician: JAMIL, SHAHID

Accession #: H816

North Oakland Medical Ctr
461 West Huron Street
Pontiac, MI 48341

Reported on: 16 May 2003 01:45 PM

REFERENCE
INTERVAL

ORDERED TEST

RESULT UNITS

RESULT FLAG

Accession #: 0313504711
Collected on: 15 May 2003 06:00 AM

Vitamin B12 & Folate

VITAMIN B12

FOLATE, SERUM

REFERENCE INTERVAL: Folate, Serum
Deficient 0 - 3.3 ng/mL
Indeterminate 3.4 - 5.3 ng/mL
Normal 5.4 - 40.0 ng/mL157 pg/mL
12.3 ng/mL

Low

210-911
5.4-40.0

Location: ROOM 450A

Received on: 16 May 2003 04:42 AM

Ordering Clinician: JAMIL, SHAHID

g'

5-17-03

(25)



Psychosocial History

1 634584	POY	51403
688916	40669	33Y
STASKO, STANLEY		
JAMIL, SHAHID M F		
JAMIL, SHAHID		

Source of Information:

Date: 5/4/03

Contact Person:

Phone:

Admitting Diagnosis:

Psychotic MD

Attending Physician:

Dr. Jamil

Guardian/DPOA:

NA

Phone:

Presenting Problem

Pt states tried to gouge eyeballs out on Monday, wakes b/c he has to do so. Then went to see priest in Detroit he had never met and had ~~dress~~ in parking lot to confess.

Onset of Current Symptoms:

Current Outpatient Treatment:

Previous Psychiatric History: Hospitalization/Dates

Outpatient Treatment:

Ron Presheal? to re-enter seminary per pt

Psychiatric Family History: No Yes If yes, explainPrevious Suicide Attempts: No Yes If yes, when?/how?Substance Abuse History: None ETOH Cocaine Heroin Other

Frequency: Amount Used: Date Last Used:

Substance Abuse Treatment/Dates: NA

Family History of Substance Abuse: No Yes If yes, describe Father Alcoholic

Current Stressors: Marriage Problems Financial Problems Deaths Divorce Legal Problems
 Family Problems Other trying to re-enter Seminary

Current Living Situation: Marital Status: Single Married yrs. Other Separated yrs. Widowed yrs.

Describe relationship Pt divorced over 10 yrs now. Pt was married 5 yrs. Pt asked for divorce. Pt states argued & were incompatible.

Current Living Situation (continued):

Location: Homeless Nursing Home AFC Alone w/Family w/Friends w/SpouseRelationship at home: Excellent Good Average Poor BadDescribe current home/environment lives in own housePatient can return home: Yes No Family willing to participate in treatment: Yes NoNumber of Children: 0 Ages: _____Describe Relationship: _____

_____Family of Origin: Raised by parents Describe relationship: _____Mother: Living Deceased Age 83 Cause of Death: _____Describe Relationship: "OK" - spiritual differencesFather: Living Deceased Age 77 Cause of Death died in 1991 - natural causesDescribe Relationship: It was close & furtherParents: Never Married Married Separated Divorced - When: _____Describe Relationship: _____
_____Number of Siblings: 1 Patient is 3rd in siblingship of 4 Siblings are supportive: Yes No
Who? David, Marie, Terri,Describe Relationship: relationship changed after seminary - spiritual dif'sDescribe Childhood: _____
_____Childhood abuse: Physical, sexual or emotional abuse or neglect: No YesExplain: Priest sexually molested pt before and after marriage. Pt repeats no problems w/ it now.Family Strengths: _____

1 534584	PSY	51403
688918	40669	33Y
STASKO, STANLEY		
JAMIL, SHAHID		M F
JAMIL, SHAHID		

Psychosocial History (continued)

Education

Grade completed: 2 bachelors MASTERS Type of Student: electrical engineering, philosophy

Military:

 No Yes _____ Yrs. Branch _____

Type of Discharge: _____ Date: _____

Legal Status:

 Criminal Charge Civil Suit Probation Other: denies

Employment:

 Employed Current Job: worked at GM for 12 yrs then left to
 Unemployed How Long? _____ Disability

Assessment:

General Appearance (Use second line to explain any abnormality)

Manner: Cooperative Compliant Uncooperative Non-compliantAttitude: Appropriate Irritable Defensive Guarded Aggressive IndifferentMood: Hopeless Resentful Happy/Sad Elated/Depressed Anxious FearfulSuidical: Yes No Plan _____Homicidal: Yes No Who? _____Affect: Flat Labile Appropriate Inappropriate BluntedSpeech: Hypervocal Pressured Slow Slurred NormalHallucinations: Auditory Visual TactileThought Content: Appropriate Delusions Paranoia Grandiose
 Obsessions Compulsions Phobias Other _____Thought Process: Loose Associations Illogical Organized Flight of Ideas
 Other _____Judgement: Impaired Poor Fair Limited Other _____Insight: Impaired Poor Fair Limited Other _____Orientation: Person Place TimeMemory: Long term Impaired Fair Good
 Short term Impaired Fair GoodAppearance: Appropriate Disheveled Inadequate ADL's

Assessment:

Pt is a 33 yr, single, Caucasian male w/ px 18 psychosis, OCN.

Goal:

To stabilize mood, [↑] reality orientation,
↓ psychosis and not be a potential
 danger to self/others.

Plan:

To attend groups daily, identify
 stressors that lead to admission,
 and develop coping skills to
 manage outside hospital.

Discharge Plan:

To follow pt to EASTSEALS
 and return home.

Social Work Group Therapy:

Patient appears: Appropriate for regular group Appropriate for gero-psych group
 Not appropriate at this time

Patient's expectations for group include improvement in ability to:

Listen to others Be more assertive Tell others about their problems
 Learn to trust others Be honest with their feelings Learn to cope with hurt/anger/fear/shame (circle)

Other achievements:

Patient's signature

Signature:

NORTH OAKLAND MEDICAL CENTERS
PONTIAC, MICHIGANF 634684 F PSY 51403
688915 50869 33Y
STASKO, STANLEY
JAMIL, SHAHID H.F
JAMIL, SHAHID

CONSULTATION/REFERRAL RECORD

CONSULTING PHYSICIAN

BRIEF REASON FOR CONSULTATION
[ENTER DIAGNOSIS/SYMPMOT(S)]

PLEASE CHECK ONE

EVALUATE AND ADVISE
 EVALUATE, ADVISE AND FOLLOW
 EVALUATE AND TRANSFER TO YOUR CARE (REFERRING PHYSICIAN
 MUST COMPLETE "TRANSFER OF PRIMARY CARE" FORM)

ATTENDING PHYSICIAN

CONSULTANT NOTIFIED:

DATE TIME

DATE OF REFERRAL 5/14/03

R/O Physical Causes for Symptoms

C.C. I am here as I am having trouble

NN. The white male who was selling heavy A
 VONZI) directs him to remove his shirt and
 by putting his dress in his & directs to him to go
 to meet father (MOMI), The patient to around him
 no one thinks about. That is, from, name of boy's & L

PMH: Stress → - of her cancer or her history

PSH: ~~Appetite~~ "MIA, Behave ~~months~~ - JT, School ~~English~~
 Allen - AT 13 ~~old~~ ~~old~~ ¹³⁻¹⁸SL: Pt 13 not employed, Pt 11th by himself ¹³⁻¹⁸ no childrenPH: Mother: death, (cause unknown) worked him as
 father: died of ¹⁷ years old

PH: Temp: 98.6 PUL: 86

PUL: 110, Rhythmic, ^{normal} ^{normal}

CURRENTLY

An abdominal

cause

is present

PSH: CTA

normal

CDS: Stress

PH: soft, non toxic. No. SWR no pain

PSH: →

PUL: Rhythmic
 delivery
 + the
 principles

Call do BIZ, VDR, HJV.

Obstetric computer attrite

& call FOTD

Delusional illness → - history of depression, of 0.1%
 severe

GFB

EEG

AIP

② beginning - continuous diarrhea,

③ HUS, thrombocytopenia

CONSULTANT SIGNATURE

5/14/2013
DATE

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN
PROGRESS RECORD

1 8 1.0
49 5 00669 514-3
STABKO, STANLEY
JAHIL, SHAHID
JAHIL, SHAHID R.F.

DATE/TIME	Initial Note
5/14/03	<p>Pt. admitted under co Pt & Cmt from Oakwood Hospital thru Connor Grounds. Accepted by Dr. Jamie. Pt. has 10 prior psych admissions & is on no meds. Has been out of work for 3 y. although has 3 masters degrees & one being in Engineering. Pt. states the voices told him to dig out his eyeballs & his fingers in lucid attempt. Eyes appeared. Yesterday the voice told him to go to a Catholic Church on 6th & Grand to see Father Parsons whom he now met. Pt. is very preoccupied & grooms & washing his hands many times during the day. Hands are red & raw. Cooperative but very paranoid & guarded. Dr. Jamie called for orders & placed on anti-psychotic. Will call to Pontiac.</p>
5/14/03	<p>Initial assessment done. Dr. Pt. plan, options pros & cons, meds side effects, Pt. read the entire med. consent form, asked appropriate questions, & signed it.</p> <p>Initial Assessment</p>
5/14/03	(S)Pt
5/14/03	Intervened pt. placed psychological in chart. Left messages for & sister & brother for additional bc. will follow. SARDO-WED 10:00
5/14/03	(S)Pt v/o significant & dramatic change in life & state of mental health in 1995. Pt v/o things before & after 1995. Pt v/o fully in BC. & passing out & going shopping but does not recall why or what he was given, etc. (R) Unknown whether psych dc caused fall.

CONTINUATION OF PROGRESS RECORD

DATE/TIME

1/1/03 11:00 AM
 Pt full cold have landed in hospital - &
 cannot contribute such prob, or may be
 hospitalized. (So) Pt has not felt compulsion
 to hurt self legs today. Pt vs when
 feeling to do so occurs. It is not an immediate
 response to hurt self, & Pt is pls happy more
 than enough to feel self & motivation to full self
 of this compulsion & receive help. At home
 of this time he has not been network ie
 people to call who could help. Pt's ADLs
 are good, except for. Pt is truly worried
 about and more details (Dep-lit by hospital -
 hospital for levit C vs for safety. Pt
 is not afraid to talk to him. (C) (C) (C)
 1/1/03 Pt is isolative to self guilt. (Compulsion)
 hurt self. (Self)

5/14/03

1700

S "On Monday voices were telling me to dig my
 eyeballs out. I want to know what's going
 on with me, why can't I remember anything?"

O Circumstantial thoughts. ADL's good although
 inappropriately dressed in short & tattered

isolative to room. Denies current suicidal
 ideation. Did agree to not be stripped
 of feelings like he wanted to hurt self.

A: Hallucinations

P: monitor pt for safety, reinforce "no
 self harm" contract.

E: Receptive I.I. AM (Crisis occurs)

O: Pt admitted to heavy "small" voices and loud voices.

C: (Crisis occurs) one faculty

5/14/03 (B) Is this the same day. I heard voices
 2200 earlier but not now. I rather not tell
 what they say. Pt denies voices telling
 him to harm himself or others. 100% meal ate

O: Pt received visitors, spent most of shift
 in his room. cooperative - ct scan
 polite and cooperative (A) Paranoid, isolative
 denies suicidal or homicidal. Ideation admits
 auditory hallucinations but not at present.

NORTH OAKLAND MEDICAL CENTERS

PONTIAC, MICHIGAN

PROGRESS RECORD

688915 50669 33Y
 STASKO, STANLEY
 JAMIL, SHAHID M F
 JAMIL, SHAHID

DATE/TIME

Denies feeling depressed, withdrawn.

continues (P) Monitored behavior, supportive approach
several 1:1 brief interactions Level III

Patricia McQueen MFT

5/15/03 6-8 AM has appeared & Slept throughout the
0600 Sleep night. Checked 9:15 min. Level III
Mildly tired. Slower for

5/15/03 (P) remains psychotic, voices are fairly
constant telling him to do things
but not telling him to hurt himself
(eg. gouging his eyes) any longer. Has
tolerated Biperadol well, please 1 to 4 mg/d.
Paused often during discussion to listen to
the voices. Relieved tabs. Cancelling BZs →
no indication for petit mal.

Smallard, Jennifer

5/15/03 Spoke to pt's sister, Gina, for additional info.
SWK note: Pt's sister, uncle, & a/c are bipolar. Pt has
been hearing voices for a year now, also
constantly scratching hands, "robotic" like behavior.
Pt can stay w/ his mother or sister after
ptc, will follow. S. D. Order 11/12/03

5/15/03 (S) (P) pt presents w/ ADLs although dress somewhat
1420 inappropriate for unit; Pt in shorts, t-shirt & socks. Pt
v/o having no other more comfortable clothes to wear
+ "my relationship with everyone [family] has changed...
They haven't changed, really, but those [since 1995] & ...
it's just different." Pt attends group participation
in milieu. Pt is withdrawn self, though, & sticking w/
peers, not v/ room for group activities &
returning to room immediately following. Pt v/o
feeling fully sedated + "tired" + "I'll nap
as much I like or day" Pt v/o being unable to
lift because he soon falls asleep. Pt denies feeling
or compulsion to hurt myself." Monitor per patient

CONTINUED—OVER

CONTINUATION OF PROGRESS RECORD

DATE/TIME

Patient has attended Mental Health NutritionEducation class, on 5-15-03Presented by Cheryl Rockett RD

2 V/S for safety D/S min. Find you mds as
prescribed. D/ Illinois 11
1515 P sleeping earlier, but not up tendency to ADLs
2 Called in

5/15/03 (S) The patient stated the voices may just
be him talking to himself, his thoughts.
No not being able to hold on to more than 10 min.
(S) Pt took several naps. Cooperative 100%.
Politely upon approach. Pt is quiet and
cooperative no inappropriate behavior.
(A) Isolative, paranoid, anxious
Auditory hallucinations, withdrawn
(P) Supportive approach encouraged limit
Participation level 110 - Patterns Macmillan 11

5-16-03 D. W. left Pt. & Bed @ 9:30 Closest ad to all shift
0630 is double under guest room of C. Wines
R. Grunzid and R. D. MS asking for time to leave back
D. W. has remained awake and is from C.
Hob. Jive @ level 110 - Patterns

NORTH OAKLAND MEDICAL CENTERS
 PONTIAC, MICHIGAN
 PROGRESS RECORD

1 534684	33Y	51403
688916	0669	33Y
STASKO, STANLEY		
JAMIL, SHAHID		K F
JAMIL, SHAHID		

DATE/TIME	
5/16/03	<p>Lengthy discussion re: the events leading up to the hospitalization. Said he has been hearing voices for ~1 yr, but having difficulty "thinking & communicating" since 1995. He dates the onset of his psychosis to an incident where he found self on the floor near his sink (no tongue bite, no loss of bowel or bladder control), & not sure how long he was "out" or how it happened. On Monday the voices told him to gouge out his eyes, the first & so far, only time. He is not clear as to why he wanted to see Father Parone (whom he does not know) or why he layed down in the parking lot. His thinking is rather concrete. He continues to hear voices & his own thoughts out loud. Has tolerated Risperdal well, some mild daytime sedation. "This is the most normal I have felt in a while." He is pleasant & cooperative on the unit, but on the fringes of the milieu. Discussed his sex status & pg to his sister Gina by phone at pt's request. Shall continue meds as is, expect discharge earlier part of next wk. CT scan brain -ee. <i>Finalized discharge</i></p>
5-16-03	<p>Sub note Spoke to pt's sister re: pt's hearing voices. Sister wanted Dr Jami to know that when pt is talking he stops to think about what he says first and are not voices. Informed pt's sister that pt is experiencing auditory hallucinations as well. Pt's Sister had questions re: dx, meds, CT scan brain results, and visiting. Will follow. <i>Signature</i></p>